

Name
in
Full

Dr. Name Luther Lawrence Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Durfield	Frederick			
Date of death	Month	Day	Years	Months	Days
1908	Feb	6			
Sex	Male	Color or Race	White	Birth-place	Durfield Md
Occupation	None	Where Residing if not at place of death	at place of death		
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Charles William Addison		Father's Birthplace	Linton Md	
Mother's Maiden Name	Mary Catharine Wilhide		Mother's Birthplace	Savillesville	
Name of person giving Information	Mary Catharine Addison		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Placenta Previa.

(S)
Hawking

Immediate Born dead

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. L. Wachter
Savillesville
Maryland

Address

Accident or Suicide?

Sarah Ann

Matthew Murray

Name
in
Full

Catherine L. Albaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place York, Pa		
Occupation	House Wife	Where Residing if not at place of death			Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Vergonius W. Albaugh			
Father's Name	William Hildebrand			Father's Birthplace	Pa	
Mother's Maiden Name	Louise Smith			Mother's Birthplace	Germany	
Name of person giving Information	J. W. Albaugh			How related to deceased	Husband	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Obstruction of Bowels *(adhesive peritonitis)* for days

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. S. Hendrix M.D.
Frederick, Md.

Accident or Suicide?

no

Interment at Mt Olivet, Cen.
" Feb 16 - 08

Thomas P. Rice F. D.

Dr Hendrix

Dr McCauley.

Name
in
Full

Emile Andrew

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Emmitsburg		County		MARYLAND					
Date of death	1908	Month	Feb	Day	27	Years	1	Months	10	Days	
Sex	Male		Color or Race	white		Birth-place	Elys Valley				
Occupation	Where Residing if not at place of death										
Married, Single or Widowed	Name of Wife or Husband		Rose Andrew								
Father's Name	George Andrew		Elys Valley								
Mother's Maiden Name	Rose E. Horbough		Elys Valley								
Name of person giving information	George Andrew										

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Meningitis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

HGS

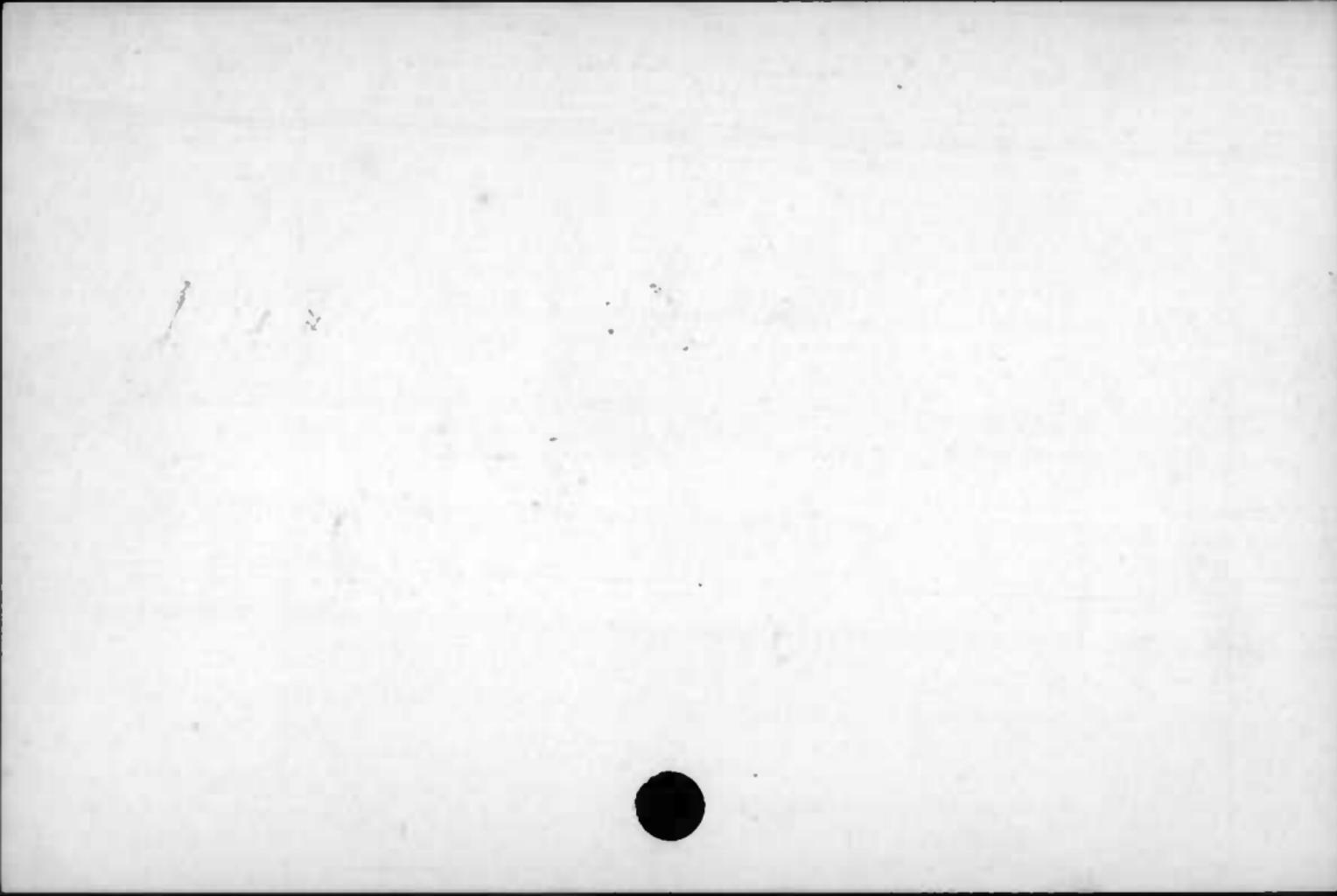
Signature of Physician

Address

B. J. Gandy
Emmitsburg
Md.

4

Accident or Suicide?



Name
in
Full

Francis Washington Barnes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at Unionville		Frederick Co		
Date of death	Month	Day	Years	Months Days
1908	February	28	Age 79 -	5 -
Sex	male	Color or Race	white	
Occupation	Retired Farmer			
Married, Single or Widowed	Where Residing if not at place of death			
	Ellen Reese Barnes Unionville			
Father's Name	Lee Barnes			
Mother's Maiden Name	Susan Lindsay			
Name of person giving information	✓			

179

CAUSES OF DEATH

Primary	Deceased	How long
Immediate		6 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

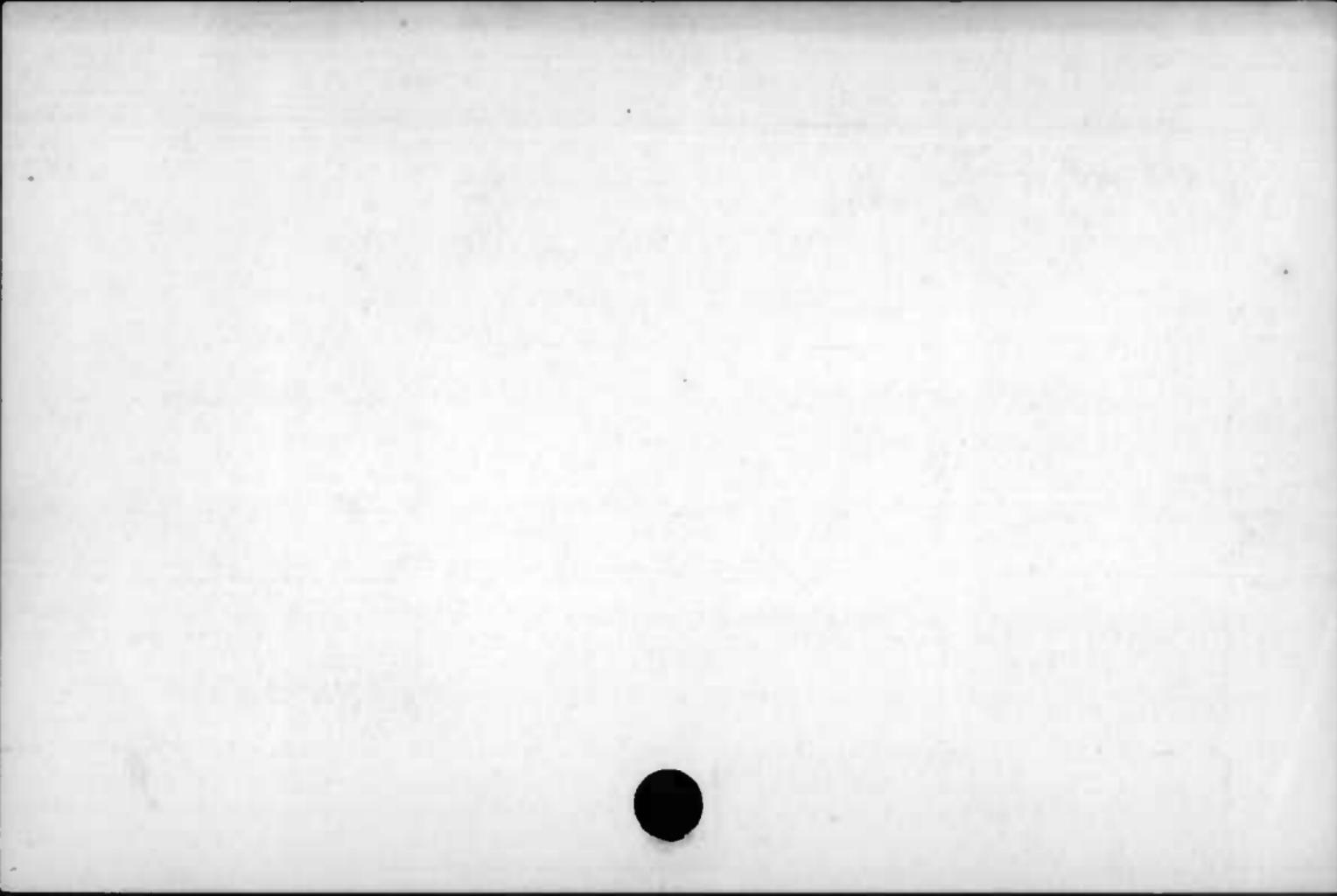
Signature of Physician

Address

Dr. W. Whetstone

Accident or Suicide?

Unionville Md



Name
in
Full

Peter Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 60	Birth-place	Frederick Co	
Occupation	Laborer		Where Residing if not at place of death	Unknown		
Married, Single or Widowed	Widower	Name of Wife or Husband	Eleza Chase			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Death Record		V	How related to deceased	Unknown	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Funck Schleifij

instantaneous

Immediate

Exhaustion

3 days.

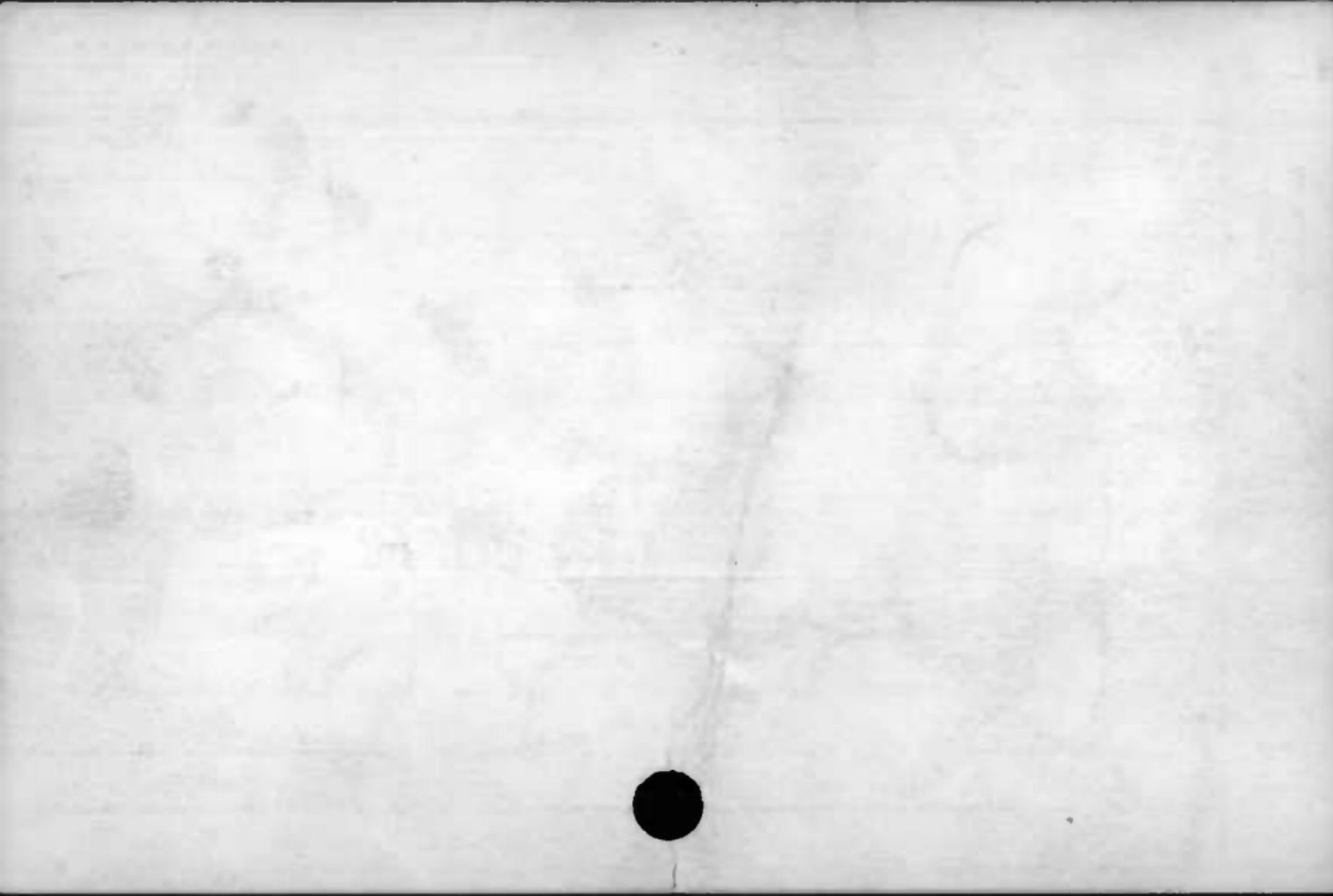
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. J. Fyson
Physician
not

Accident or Suicide?



Name
in
Full

Nannie O Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Frederick</u>		Town <u>Frederick</u>		County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>22</u>	Years <u>63</u>	Months <u>2</u>		Days <u>6</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Iles</u>						
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John H Bennett</u>							
Father's Name <u>George W Morris</u>	Father's Birthplace <u>Penn</u>							
Mother's Maiden Name <u>Elder Smith</u>	Mother's Birthplace <u>Leesburg Va</u>							
Name of person giving information <u>John H Bennett</u>	How related to deceased <u>Husband</u>							

CAUSES OF DEATH

40

How long

Several years

How long

Primary

Carcinoma of Liver

Immediate

Asthma & Cholacmia 2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Morris M.D.
Frederick, Md.

Accident or Suicide?

Name
in
Full

Jane Lockette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Pleasant Walk		Town	Frederick		County	MARYLAND		
Date of death	1908	Month	Feb	Day	7	Years	69	Age
Sex	Female	Color or Race	White		Birth-place	near Smithsburg		
Occupation	House wife		Where Residing if not at place of death			near Pleasant Walk		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Benj. Bourne		Father's Birthplace	Quit home		
Father's Name	Henry McPherson		Mother's Birthplace			quit home		
Mother's Maiden Name	Don't know		How related to deceased			son of home		
Name of person giving information	Macclaus Durrell		none					

CAUSES OF DEATH

176

How long

How long

PHYSICIAN
OR CORONER

Primary

Physical violence (Murdered)

Immediate

Washed to pieces with an ax by her brother

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. N. Noyce M.D.

Marysville

Md.

Accident or Suicide?

Homicide



Name
in
Full

Catherine Elizabeth Bowman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at Dearfield		Town	County Frederick Co		MARYLAND	
Date of death 1908	Month July	Day 2	Age 70	Years 70	Months 0	Days 10
Sex Female	Color or Race White			Birth-place Maryland		
Occupation Housewife	Where Residing if not at place of death ✓					
Married, Single or Widowed Widow	Name of Wife or Husband Jacob B. Bowman deceased			Father's Birthplace Maryland		
Father's Name Abram Bonfont			Mother's Birthplace Maryland			
Mother's Maiden Name Mary Brown			Name of person giving information Mrs David Melide	How related to deceased Daughter		

CAUSES OF DEATH

66

Primary

Hemiplegia

How long -

Immediate

Recurrent Hemiplegia

How long -
3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Zig C. LeFevre

Address
**116 W. Baltimore Street
Baltimore
Maryland**

Accident or Suicide?

1000

Name
in
Full

Elizabeth Ann Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

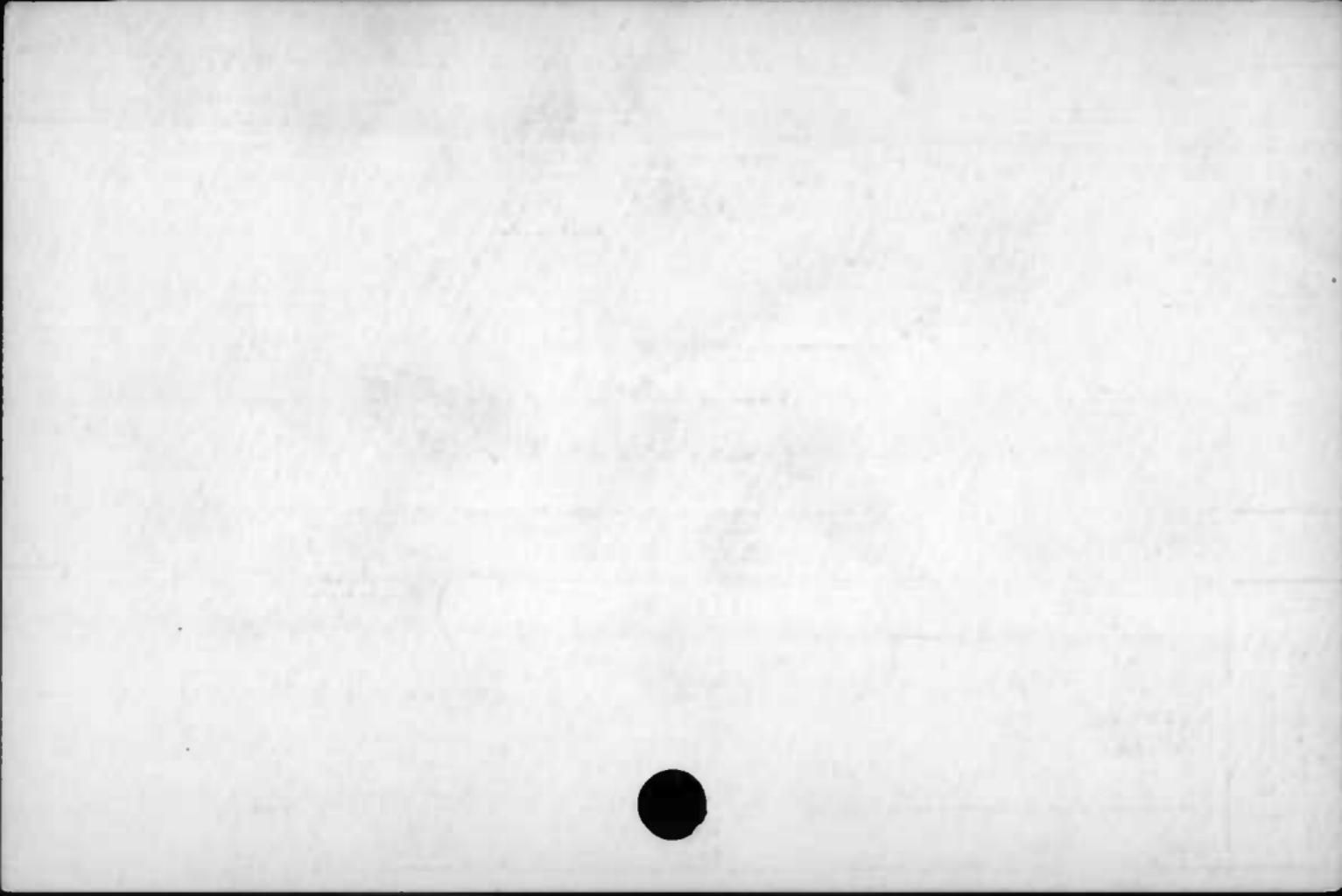
PHYSICIAN
OR CORONER

H

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb	Day 14	Years 80	Months 2	Days
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Homemaker			Where Residing if not at place of death	Greenbury Boyer	
Married, Single or Widowed	Widow	Name of Wife or Husband	Basil Beal			
Father's Name	Basil Beal			Father's Birthplace	Md	
Mother's Maiden Name	Matilda Marks			Mother's Birthplace	Md	
Name of person giving information	Alice B. Dufay			How related to deceased	Daughter	

CAUSES OF DEATH

Injured hip - took what seemed to do not know.
Primary: Injury from fall 93 How long: 6 months
Immediate: pneumonia How long: 4 years
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician: P. G. Scott, M.D.
Address: 16 Court St., Brooklyn
Accident or Suicide? No



Name
in
Full

Mrs John H Brown Elin L.

CERTIFICATE OF DEATH

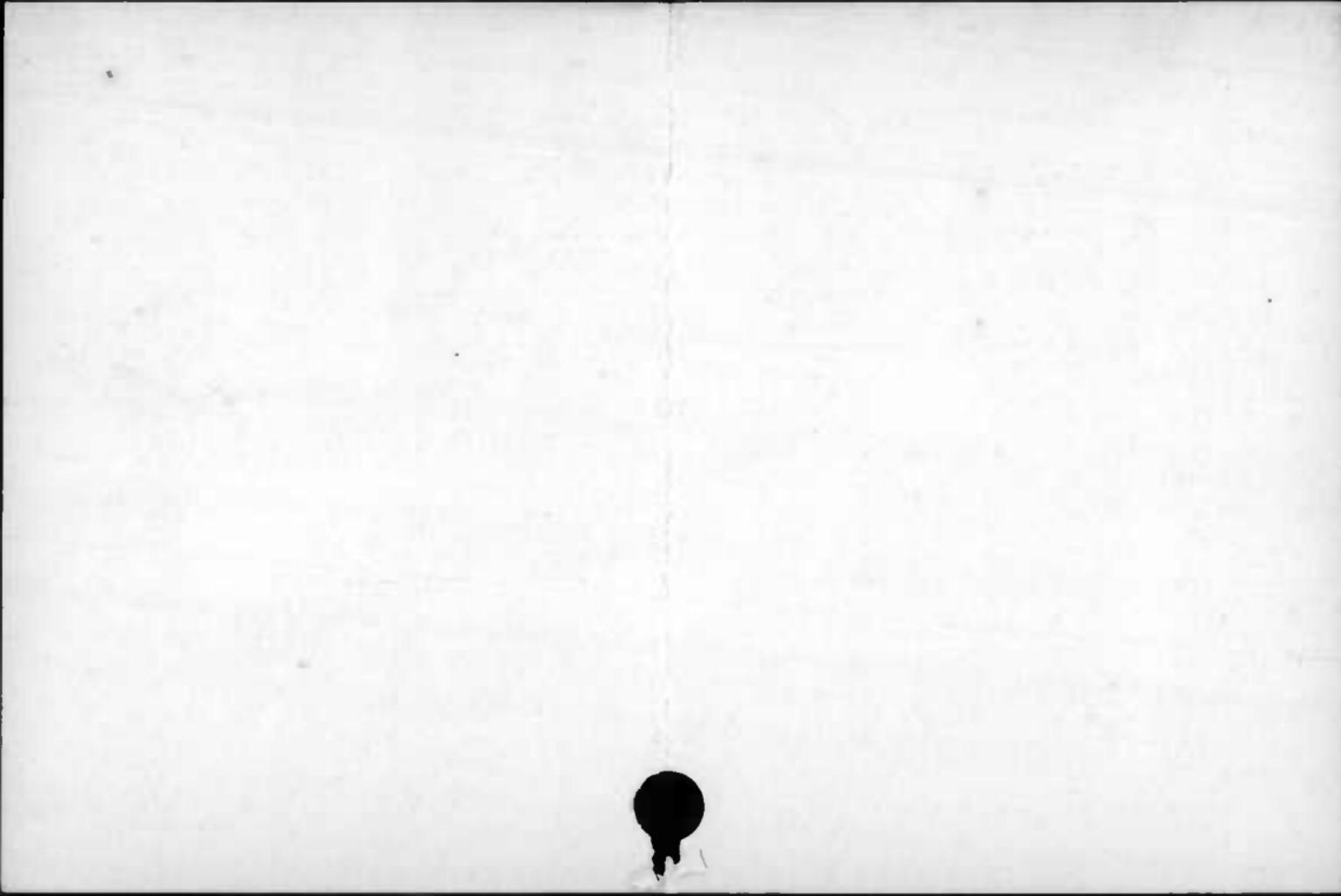
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Frederick</u> <u>Town</u> <u>City</u> <u>County</u>				MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>17</u>	Age <u>68</u>	Years	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Frederick Co</u>		
Occupation <u>H'wife</u>			Where Residing if not at place of death <u>x</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John H Brown</u>			Father's Name <u>David Carroll</u>	Father's Birthplace <u>Conn</u>	
Mother's Maiden Name <u>Anna Johnson</u>					Mother's Birthplace <u>Conn</u>	
Name of person giving Information <u>John H Brown</u>					How related to deceased <u>Husband</u>	

CAUSES OF DEATH

79

Primary <u>Organic Heart Disease</u>	How long <u>Many years</u>
Immediate <u>Paroxysmic Heart</u>	How long <u>~</u>
Are the name, age, sex, color, date, and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin Buchanan Drift</u>
	Address <u>Frederick City</u>
Accidental or Suicide? <u>~</u>	<u>Drift</u>



Name
in
Full

Mary Jane Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		County Frederick		MARYLAND		
Date of death 1908	Month 2	Day 29	Age 64	Years 64	Months 4	Days 26
Sex Female	Color or Race Black	Where Residing if not at place of death Same		Birth- place Frederick		
Occupation Housewife	Name of Wife or Husband John Wesley Brown					
Married, Single or Widowed Married	Name of Wife or Husband John Wesley Brown					
Father's Name Henry Bleiter			Father's Birthplace Md			
Mother's Maiden Name Nancy Boiscole			Mother's Birthplace Md			
Name of person giving Information J. W. Brown			How related to deceased Husband			

CAUSES OF DEATH

79

Primary 1. Cardiac Valvular Lesion (Mitral)	How long Several years
Immediate 2. Chronic Nephritis - Exhaustion	How long Several days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. G. Bourne M.D.
	Address Frederick Md.
Accident or Suicide? No	

PHYSICIAN
OR CORONER

Interment Mar 2 - 08
" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr. Bourne

Dr McCurdy

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Henry Crumrine

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1908	Month 2	Day 5	Years 79	Months 1	Days 29	
Sex Male	Color or Race white	Occupation Farmer		Birth-place Carroll Co.		
Married, Single or Widowed Married						
Name of Wife or Husband Lulu Mackley						
Father's Name P. L. Grosnickle					Father's Birthplace Unknown	
Mother's Maiden Name Gathered Best we could in					Mother's Birthplace Unknown	
Name of person giving Information This case information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



66

How long

sudden death

Immediate

Heart failure

How long

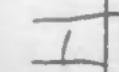
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

P. L. Grosnickle Sub Reg.

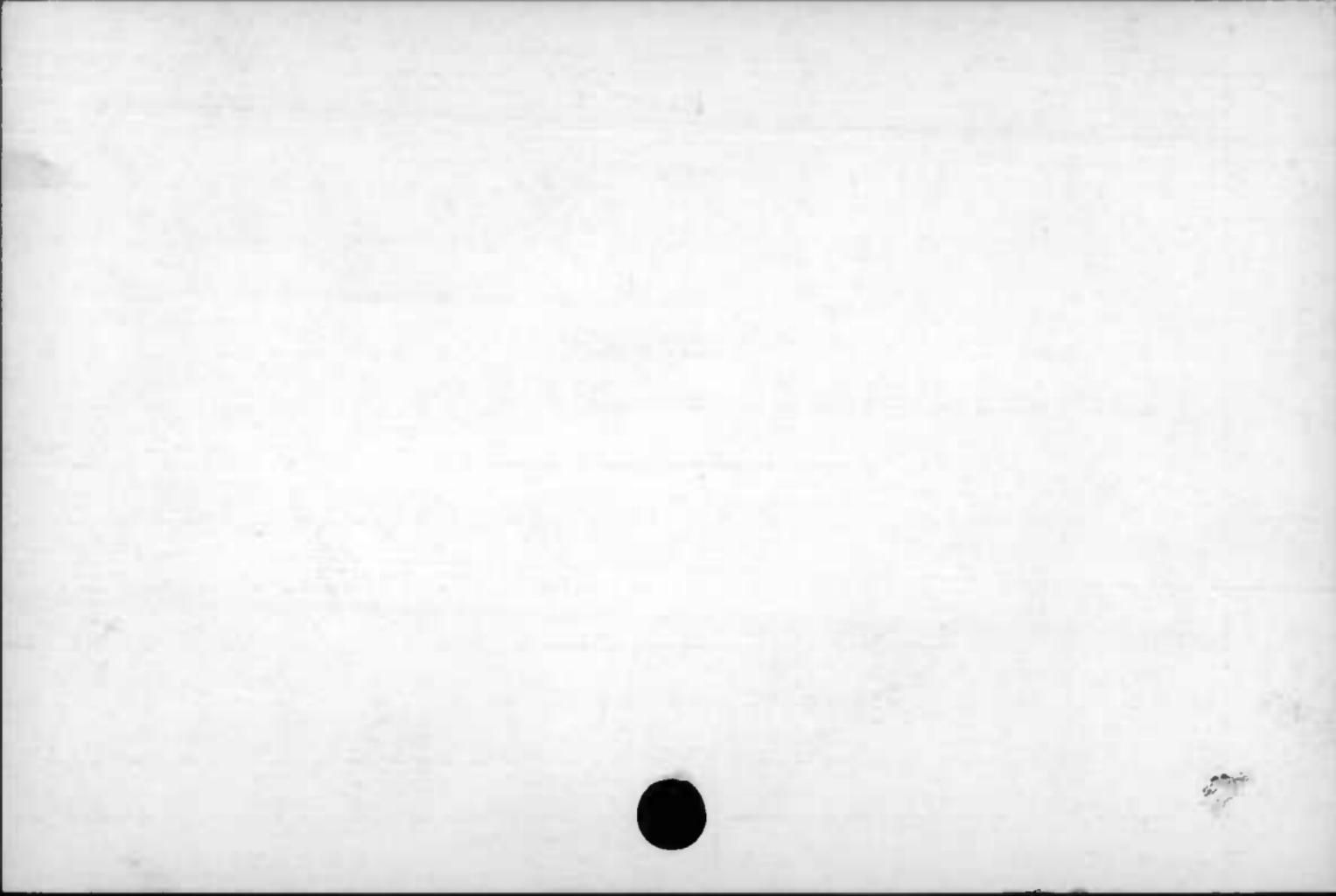
Sub Dist #17

Johnsville Md



Accident or Suicide?

Yes.



Name
in
Full

Daniel Nadhart

Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at Frederick City Hospital	Frederick	Months	Days
Date of death 1908 February 5	Age 21 Years		
Sex Male	Color or Race white	Birth-place Unknown	
Occupation Farmer	Where Residing if not at place of death Wolfsville Md		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Unknown	Father's Birthplace Unknown		
Mother's Maiden Name Unknown	Mother's Birthplace Unknown		
Name of person giving information Unknown	How related to deceased		

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary

Suffocation

How long

5 months

Immediate

Auto Intoxication

How long

Two Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. B. Johnson
Frederick, Md.

H

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Media Dagenhart

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Wolfsville	Frederick				
Date of death 1908	Month 2	Day 30 th	Years 15	Months	Days
Sex Female	Color or Race White	Birth-place		Wolfsville Md	
Occupation Child, with parents	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace		Wolfsville Md	
Father's Name Daniel Dagenhart	Mother's Birthplace		Pleasant Walk Md		
Mother's Maiden Name Martha Hoffman	How related to deceased		Distant relative		
Name of person giving information John W. Hoover					

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

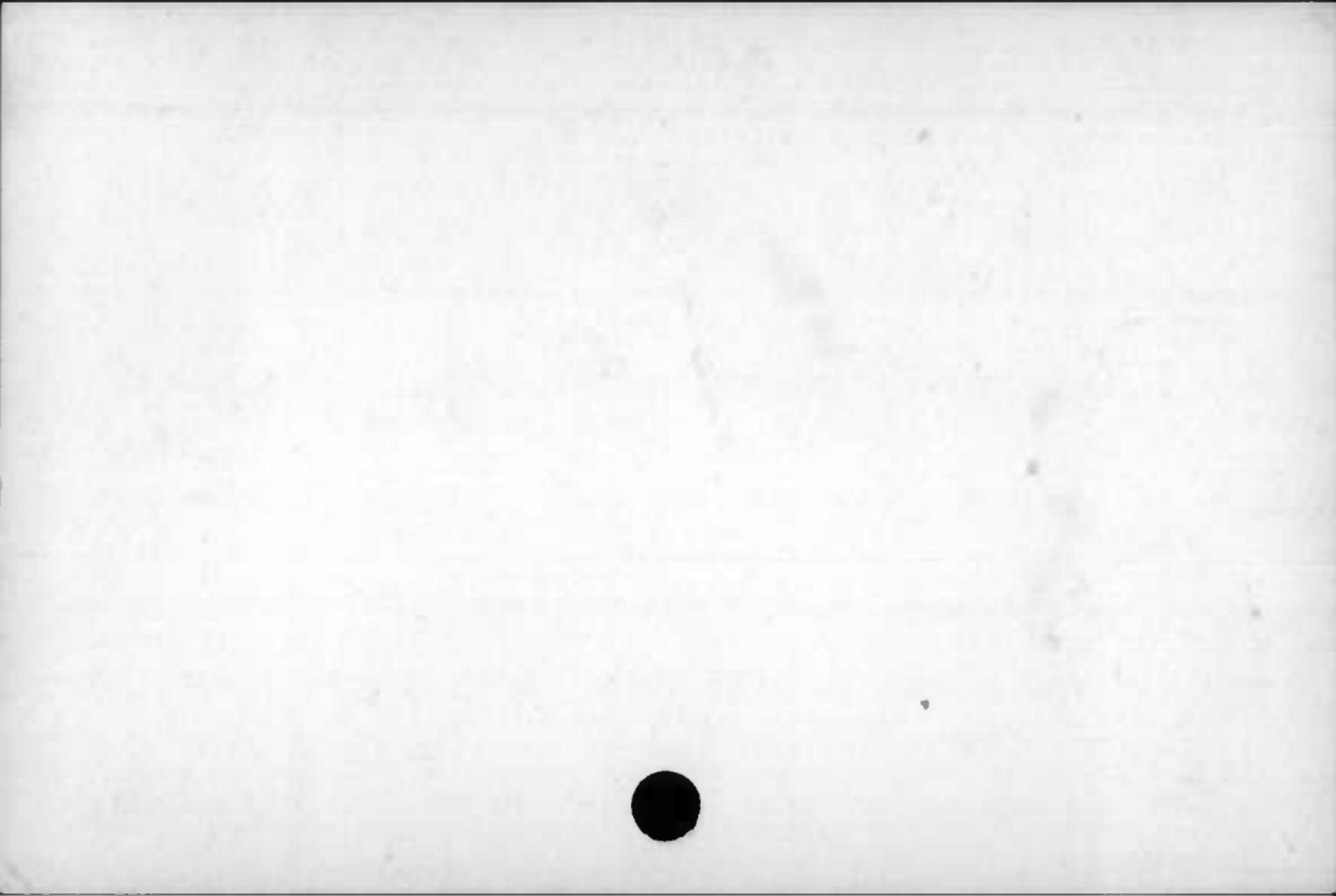
Yes

Signature of Physician

Address

Ralph Brumage
Wolfsville Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Margaret Desilvise

CERTIFICATE OF DEATH

Died at Woodsboro ^{Town}

Frederick ^{County}

MARYLAND

Date of death 1908 Month 28

Age 49 Years

2 Months 3 Days

Sex Female

Color or Race

white

Birth-place

Woodsboro

Occupation

Housewife

Where Residing if not
at place of death

Woodsboro.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William Beck

Father's
Birthplace

Woodsboro

Mother's
Maiden Name

Esther Campbell

Mother's
Birthplace

Woodsboro

Name of person giving
Information

Emma Shunk

How related
to deceased

Cousin.

CAUSES OF DEATH

172

Primary

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date,
and place correctly given above?

yes

Signature of
Physician

M. H. Kable, M.D.

Address

Woodsboro.

Accident or Suicide?

Accident.

2nd.

Name
in
Full

Olia Eva Dinterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Ladiesburg</u>		Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>908</u>	Month <u>2</u>	Day <u>4</u>	Age <u>4.</u>	Years <u>4.</u>	Months <u>4</u>	Days <u>9</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Fredk Co. Md</u>			
Married, Single or Widowed <input checked="" type="checkbox"/>	Occupation <input checked="" type="checkbox"/>						
Name of Wife or Husband <input checked="" type="checkbox"/>							
Father's Name <u>Wm H. Dinterman</u>			Father's Birthplace <u>Fredk Co. Md.</u>				
Mother's Maiden Name <u>Annie Mary Eyler</u>			Mother's Birthplace <u>Fredk Co. Md.</u>				
Name of person giving information <u>Wm H. Dinterman</u>			How related to deceased <u>Father.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

diphtheria

9

6 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John L. Ligget, M. D.
Ladiesburg,
md

I

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>2</u>	Years <u>7</u>	Months <u>8</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>at place of birth</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>Frank Fritz</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u></u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Roy Fritz</u>	How related to deceased <u>brother</u>				
CAUSES OF DEATH					
Primary <u>Malaria</u>	179				
Immediate <u>Exhaustion</u>	How long <u>9 months</u>				
How long <u>1 week</u>					

Are the name, age, sex, color, date and place correctly given above?

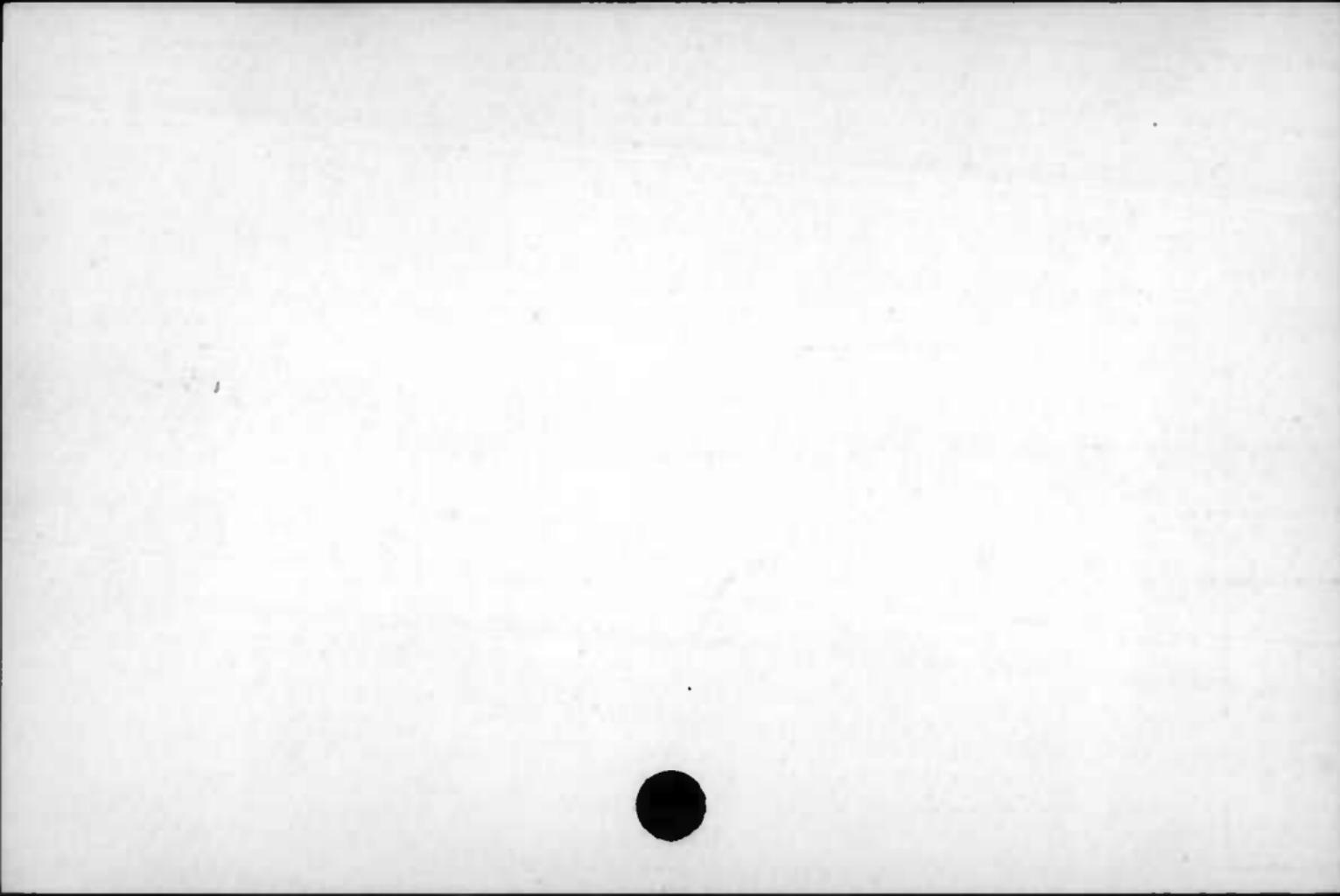
yes

Signature of Physician

Address

Sappington & Pearl M.D.
Unionville
Maryland

Accident or Suicide?



Name
in
Full

Sufout German.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Frederick	Town	Frederick	County	MARYLAND		
Date of death	1908	Month	6	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Frederick		
Occupation	X			Where Residing if not at place of death	X		
Married, Single or Widowed	X			Name of Wife or Husband	X		
Father's Name	Jacob German			Father's Birthplace	Frederick, Md.		
Mother's Maiden Name	Ida Grangole			Mother's Birthplace	Fred. Co.		
Name of person giving information	Jacob German			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown (Scll Bone)

(S)
How long

Immediate

How long

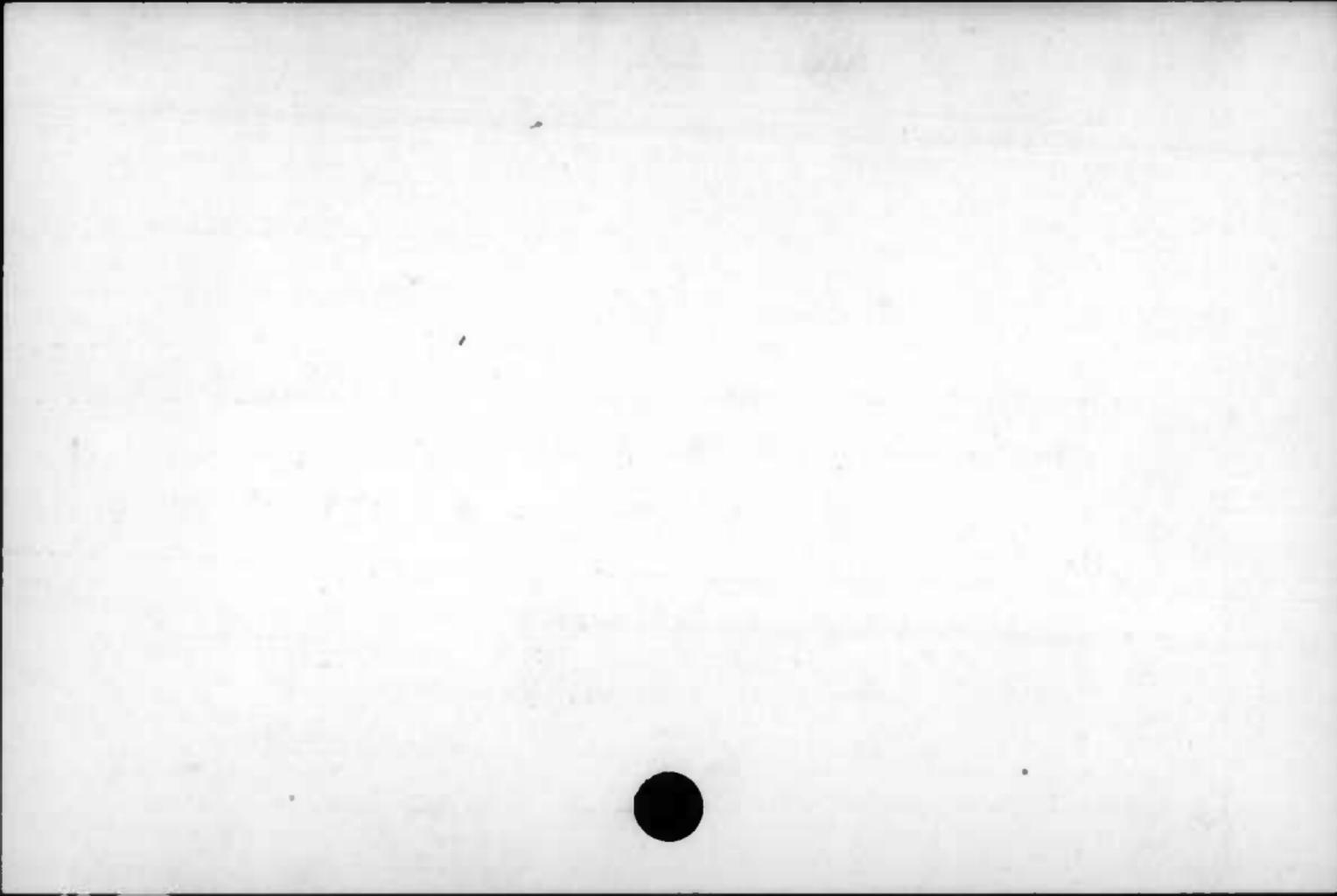
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? X

Franklin Buchanan Smith
Frederick, Md.



Name
in
Full

not named Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

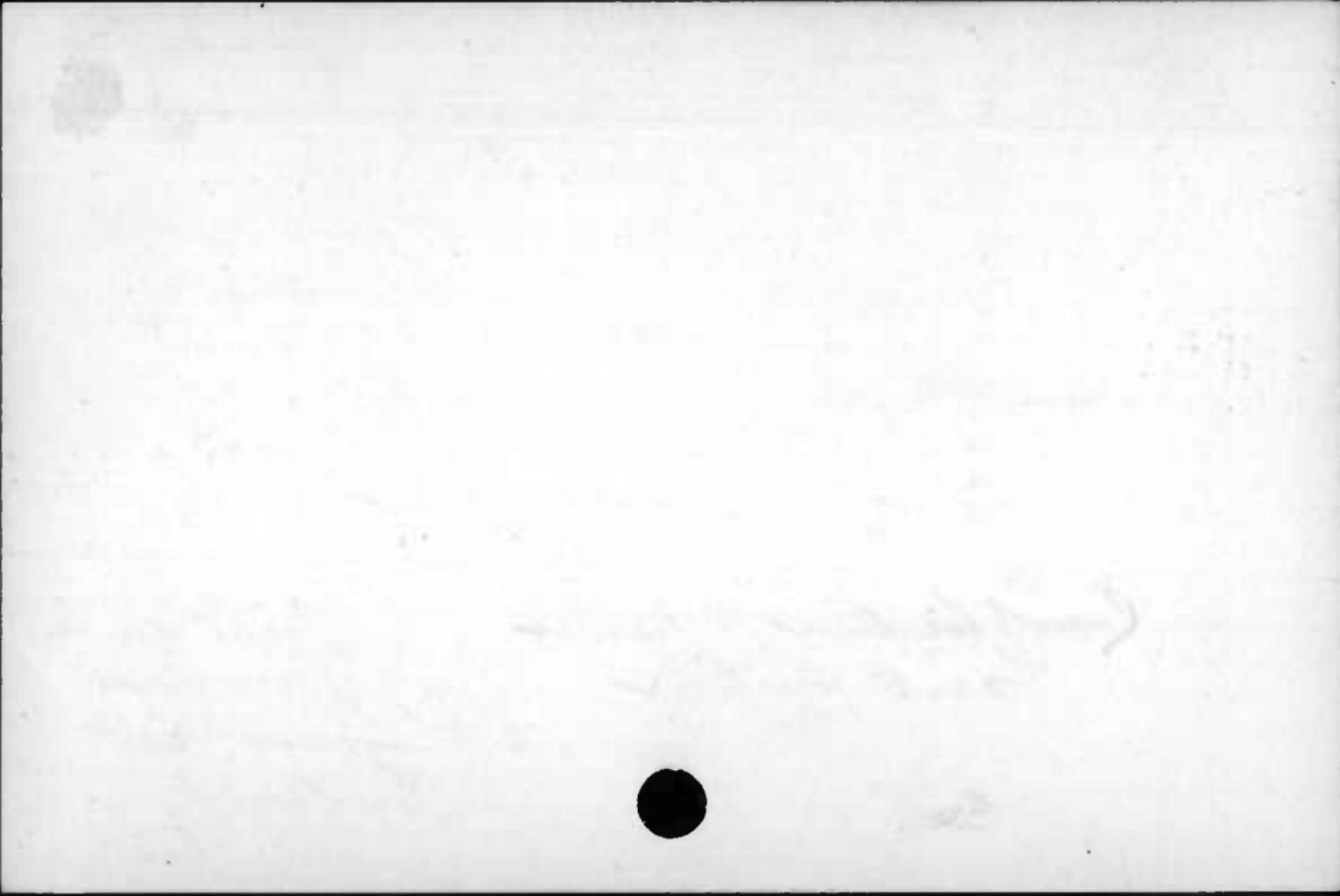
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Leipsic	FRED.		FRED.		8 hours	
Date of death	Month	Day	Years	Age	Months	Days
1908	Feb	14	20	20	00	8 hours
Sex	Male	Color or Race	White	Birth-place	FRED. MD.	
Occupation	name		Where Residing if not at place of death	same place		
Married, Single or Widowed	Name of Wife or Husband		name			
Father's Name	Park Melvyn Gibson		Father's Birthplace	Md.		
Mother's Maiden Name	Mary Emma Claude Hartwell		Mother's Birthplace	Md.		
Name of person giving information	Mary E. M. Gibson		How related to deceased	Mother		

CAUSES OF DEATH

150

Primary	Premature Birth - (6 months)	
Immediate	(Blue Baby) Insufficiency of heart's action	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	
II	C. A. Stultz Woodsboro Md.	
Accident or Suicide?		



Name
in
Full

Amelia E. Giffiss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at Frederick		County Frederick		MARYLAND		
Date of death 1908	Month 2	Day 8	Age 61	Years	Months 5	Days 0
Sex Female	Color or Race White	Birth-place F. Co. Md				
Occupation House Wife	Where Residing if not at place of death Same					
Married, Single or Widowed Widow	Name of Wife or Husband John G. Bost, James Giffiss	Father's Birthplace F. Co. Md				
Father's Name Thomas Webb	Mother's Birthplace F. Co. Md					
Mother's Maiden Name Amelia E. Hamilton	How related to deceased Daughter					
Name of person giving information Mary E. Giffiss	Cause of Death 1179					

Primary Complication of disease	How long Eight years
Immediate Heart Failure	How long Six days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B. Thomas, M.D.
	Address Frederick, Md.
Accident or Suicide? —	

Interment Feb 10 - 1908
" at Mt Olivet Cemetery

Thomas P. Rice Esq.

Dr. H. P. Fahrney

Dr. McCurdy.

Name
in
Full

Harriet E. Gilson

CERTIFICATE OF DEATH

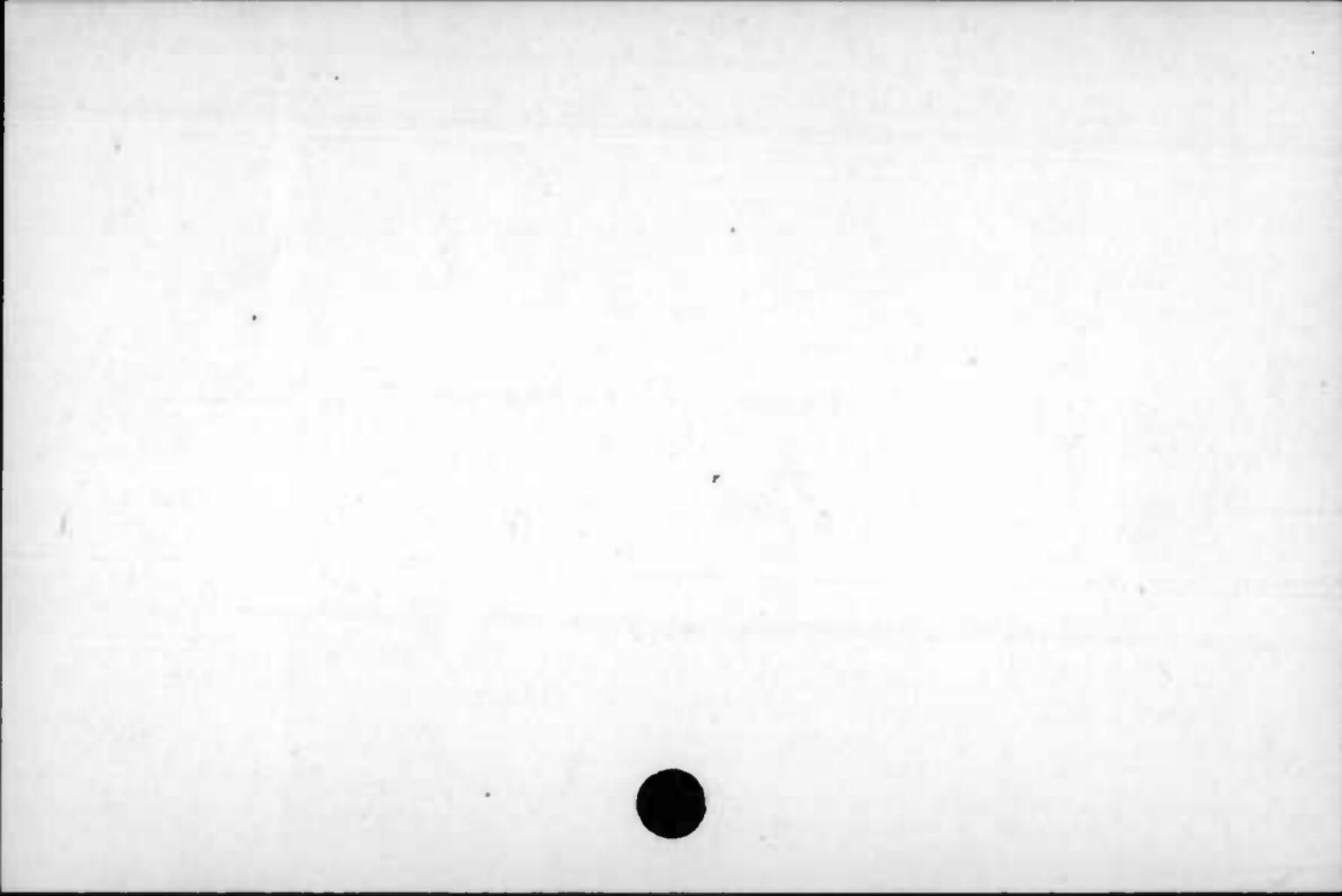
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Frederick		Frederick			
Date of death	Month	Day	Years	Months	Days	
1908	2	24	63	4	26	
Sex	Female		Color or Race	White		Birth-place
Occupation	H. wife		Where Residing if not at place of death	X		
Married, Single or Widowed	Name of Wife or Husband		Harriet A. Gilson			
Father's Name	Wm. B. Morrison		Father's Birthplace	Md.		
Mother's Maiden Name	Penrua Jones		Mother's Birthplace	Md.		
Name of person giving Information	Dr. Albert Gilson		How related to deceased	Son		

CAUSES OF DEATH

50

Primary	Diabetes Mellitus		How long	3 or 4 years
Immediate	Coma and Paralysis of Brain		How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Chas. J. Gordon, M.D.	
		Address	Frederick, Md.	
PHYSICIAN OR CORONER				
H				
Accident or Suicide?	No			



Charles W. Goldsborough

CERTIFICATE OF DEATH

Died at Town

Walkersville

County

Frederick

MARYLAND

Date
of death 1908

Month

2

Day

6

Years

66

Months

2

Days

7

Sex Male

Color or
Race

White

Birth-
place

F. Co. Md

Occupation

Medical Doctor

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henrietta B. Lee

Father's
Birthplace

F. Co. Md

Father's
Name

Charles W. Goldsborough

Mother's
Maiden Name

Amelia Poe

Mother's
Birthplace

Baltimore

Name of person giving
Information

Lee Goldsborough

How related
deceased

Son

64

CAUSES OF DEATH

Primary

Central Hemorrhage & Paralysis

How long

7 days.

Immediate

Aphasia

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. P. Fahney M.D.

Address

Frederick Md.

Accident or Suicide?

in



Name
in
Full

William Harr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Unionville

Town

Frederick

County

MARYLAND

Date of death 1908 Month Feb Day 12 Years 82 Months Days

Sex Male Color or Race White

Birth-place Pa.

Occupation

Retired farmer

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Had none

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Not known

Mother's
Birthplace

Name of person giving
Information

Thos. C. Pearce

How related
to deceased

In no way

CAUSES OF DEATH

91

Primary

Infirmities of Age

How long

Be it long time

Immediate

Pneumonia

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thomas P. Sappington

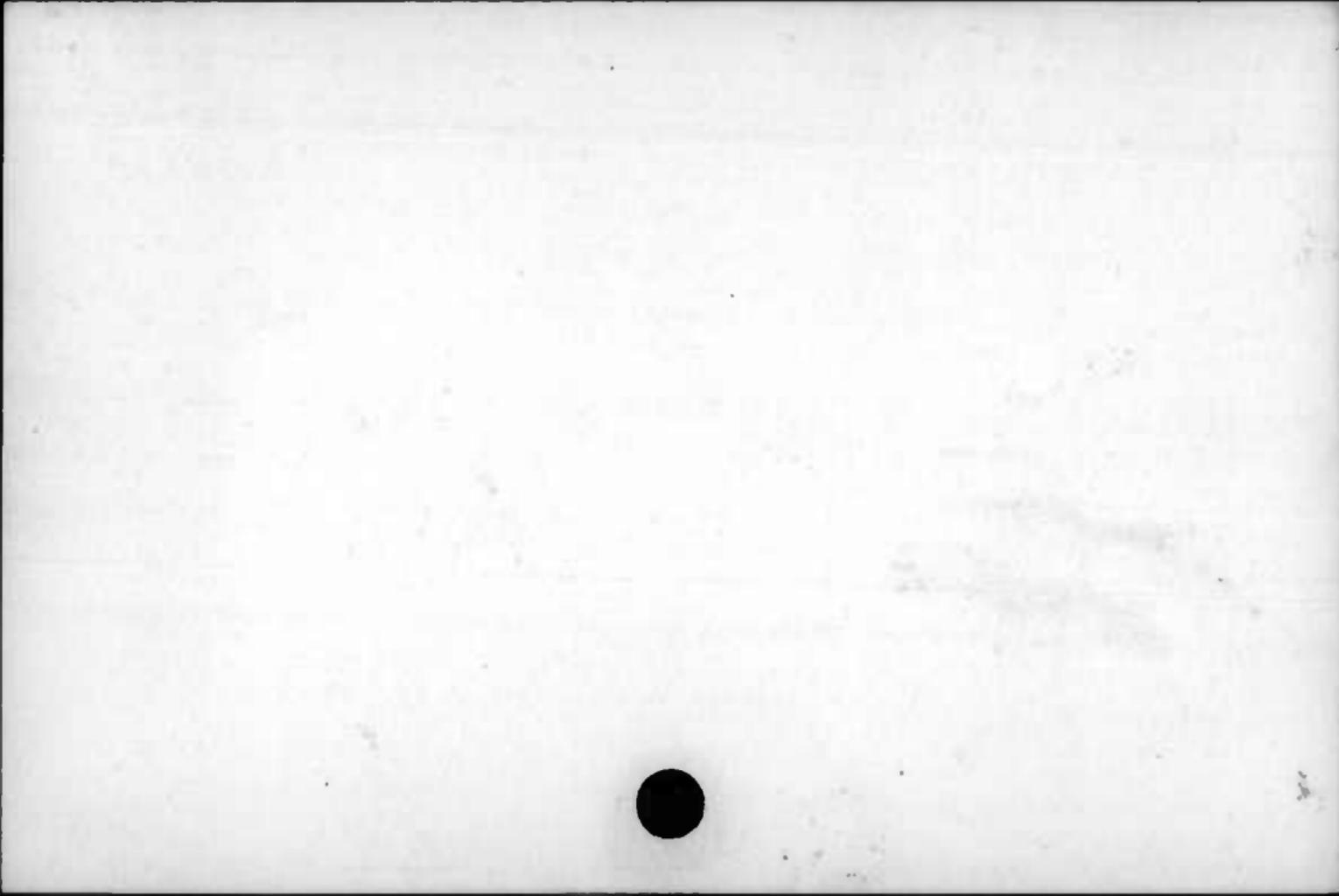
Address

Unionville

Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Henry Clay Hays

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

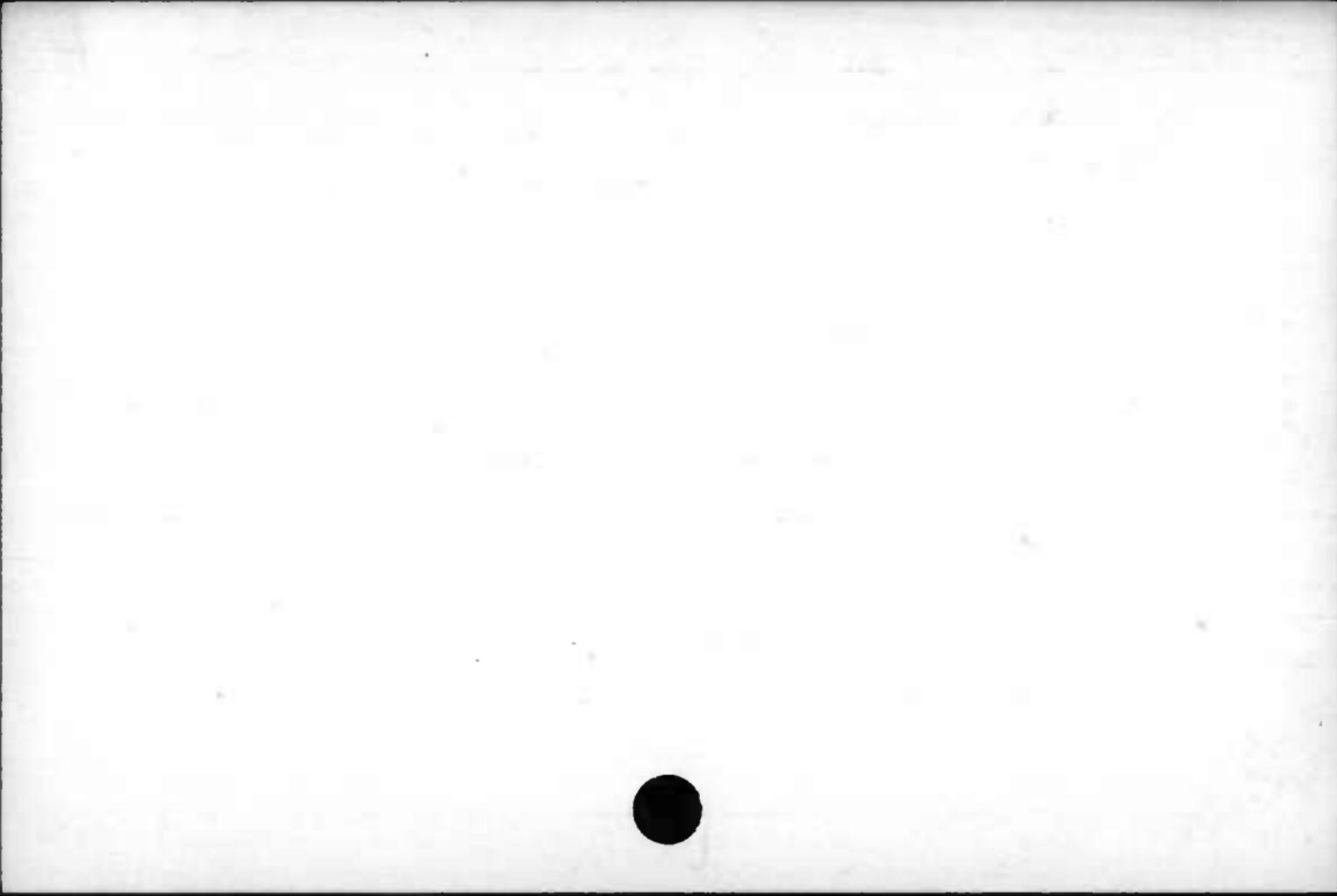
Died at	Town	County		MARYLAND	
Died at	Garfield	Frederick			
Date of death	1908	Month	2	Day	22
				Years	70
Age				Months	
Sex	Male	Color or Race	White	Birth-place	Garfield, Md
Married, Single or Widowed	Married	Occupation	Laborer		
Name of Wife or Husband	Susanna Johnson				
Father's Name	Levi Hays				
Mother's Maiden Name	Juliana Hatherly				
Name of person giving information	James A. Grove				

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy & deranged mind		How long	15 Years or more
Immediate	Exhaustion or old age No Physician in last sickness		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes as far as can be ascertained	Signature of Physician	Sub. Reg. John W. Hooven, Jr.	
		Address	Wolfsville Fred. Co.	
Accident or Suicide?			Maryland	



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 2	Day 19	Years 78	Months 2	Days 9	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Carpenter		Where Residing if not at place of death	Same as above			
Married, Single or Widowed	Name of Wife		Catharine Mayhew				
Father's Name	John Hobbs		Father's Birthplace	Maryland			
Mother's Maiden Name	Catharine Denibiss		Mother's Birthplace	50			
Name of person giving information	Catharine Hobbs		How related to deceased	wife			

CAUSES OF DEATH

154

How long

1 year

PHYSICIAN
OR CORONER

Primary

old age

Immediate

Expiration

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

M. F. Shuff

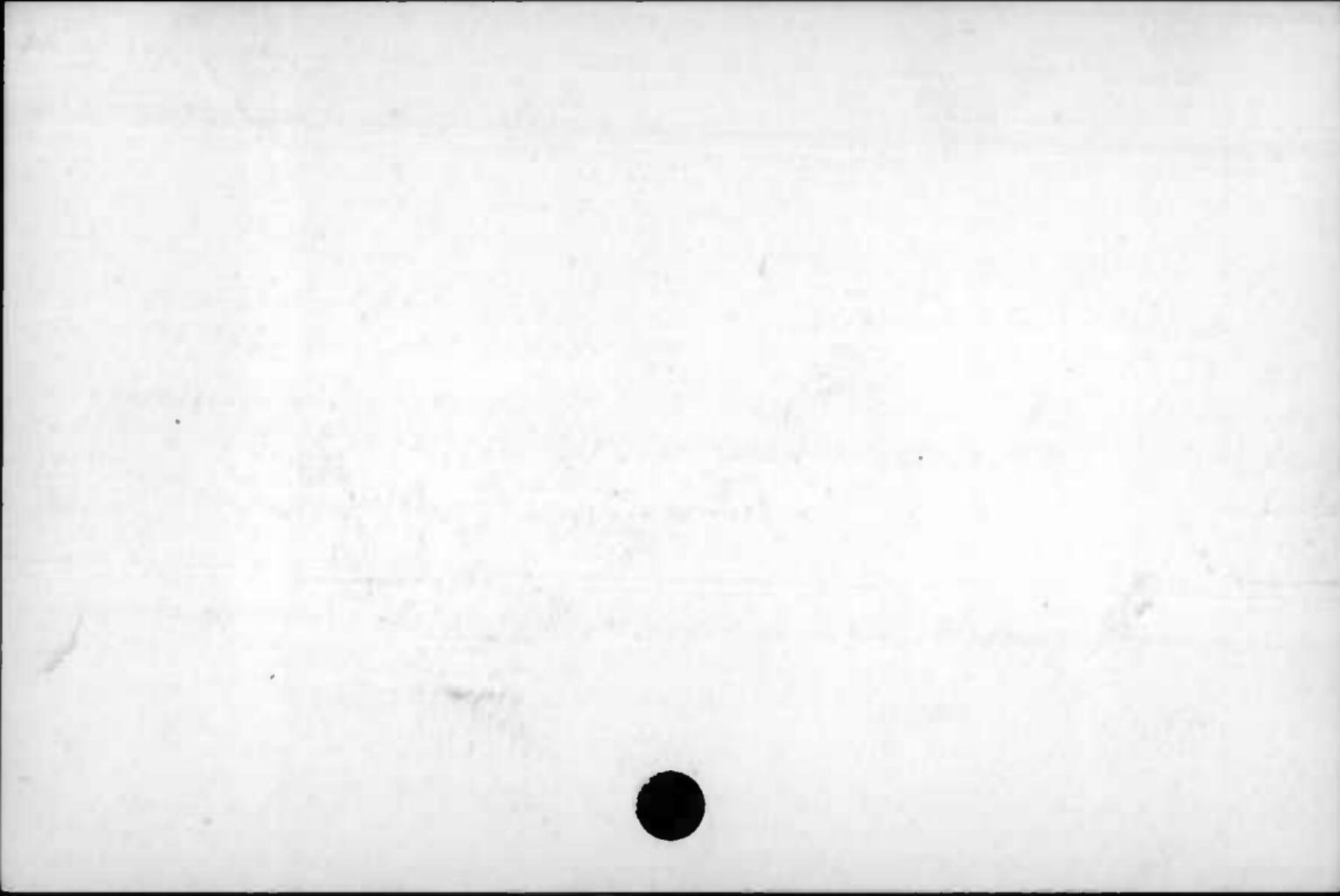
Address

Undertaker
Emmitsburg Md

Is the best of my knowledge

Accident or Suicide?

Emmitsburg Md



Name
in
Full

Jeremiah D. Kepner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Frederick		Frederick					
Date of death	Month	Day	Years	Months	Days		
1908	Feb.	26	63	3	28		
Sex	male	Color or Race	white	Birth-place	Pa.		
Occupation	Conductor - Penna. RR			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Nancy E. Robison (Kepner)				
Father's Name	Benj. Kepner			Father's Birthplace	Pa.		
Mother's Maiden Name	Margaret Frankhouse			Mother's Birthplace	Pa.		
Name of person giving information	B. E. Kepner			How related to deceased	Son		

CAUSES OF DEATH

Primary *Chronic Intestinal Nephritis* Inflammation ^{How long} Several years

Immediate *Uraemia* ^{How long} Several weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

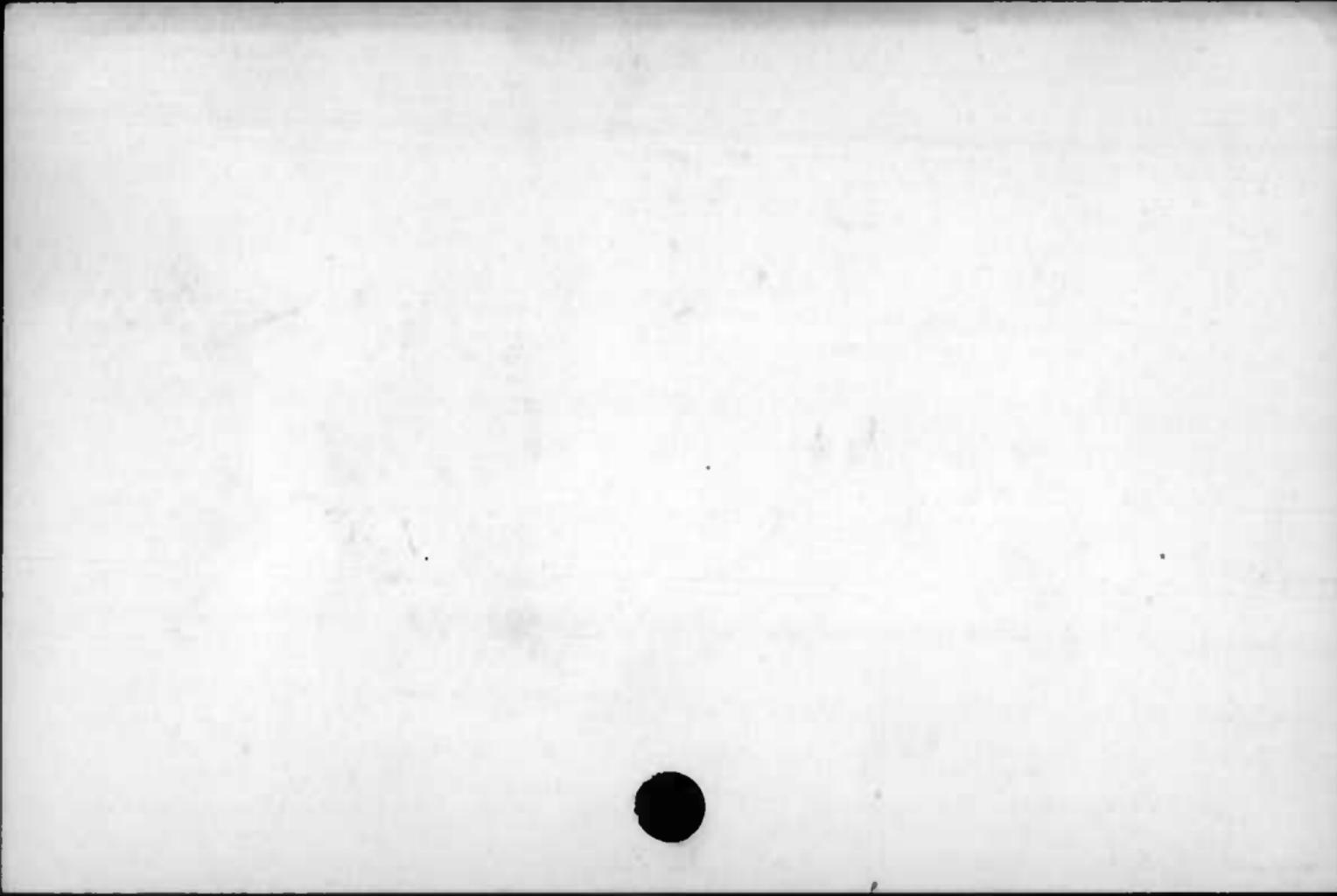
Yes

Signature of Physician

Address

J. D. Neudeck, M.D.
Frederick, Md.

Accident or Suicide?



Name
in
Full

Mrs Anna Cora Shepley Kiura

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

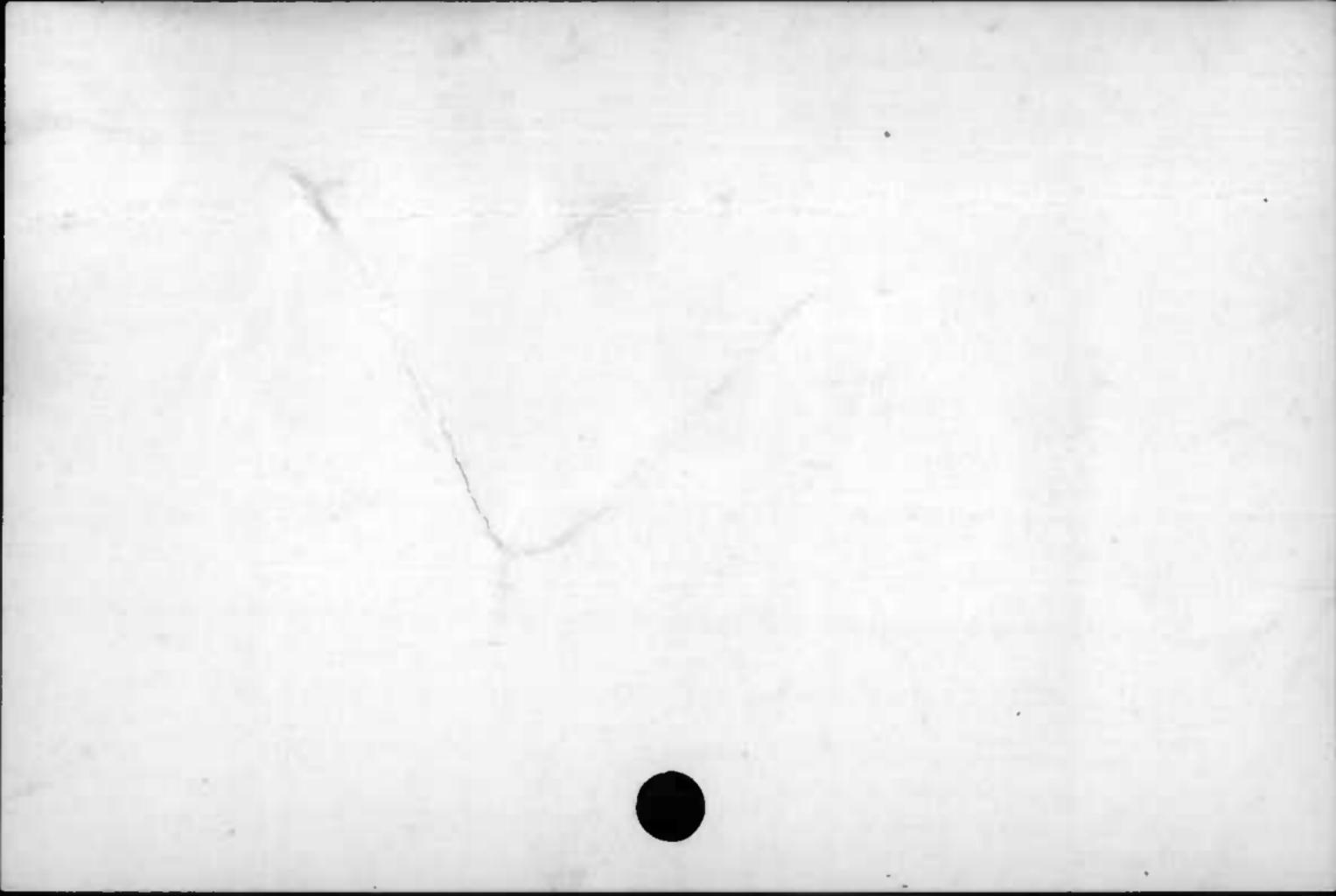
Town	County	MARYLAND	
Died at	Myersville (New Harmony)	Frederick	
Date of death	Month	Day	Years
1908	Feby	8	Age 28
Sex	Color or Race	Birth- place	
Female	White	Ellerton	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Married	Elmer Kiura	—	
Father's Name	Father's Birthplace		
Aaron Shepley	Irak		
Mother's Maiden Name	Mother's Birthplace		
Susan Longman	Irak		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	Labor at full term (Instrumental circulatory failure (Asphyxiation))	
Immediate	How long 24 hours.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long 1.5 minutes about
Yes.	B. H. Yoke M.D.	Address
Accident or Suicide?	Myersville Md.	



Name
in
Full

William H. Knott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	town		County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male		Color or Race	White		Birth-place	Eminitsburg
Occupation	Retired		Where Residing if not at place of death			Canton	
Married, Single or Widowed	Widowed		Name of Wife or Husband	Leontine McNeely			Mc Neely
Father's Name	Benedict Knott		Father's Birthplace			Ind	
Mother's Maiden Name	Don't know		Mother's Birthplace			—	
Name of person giving information	Benedict Knott		How related to deceased			Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

How long

3 years

Immediate

Exhaustion -

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

HWES long,
Eminitsburg
Md

Accident or Suicide?

H



Name
in
Full

Katharine E. Lare

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Woodsboro	County Frederick	MARYLAND	
Date of death	Month Feb	Day 19	Years 79	Months 5
Sex	Female	Color or Race	White	Days 3
Occupation	(Unknown)		Where Residing if not at place of death	Woodsboro Md
Married, Single or Widowed	Name of White Husband	William Lare		
Father's Name	John Holburne		Father's Birthplace	Lancaster Pa
Mother's Maiden Name	Lucy Hull		Mother's Birthplace	York Pa
Name of person giving Information	John H. Holburne		How related to deceased	First Cousin

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Senile Dementia.

How long

Don't Know

Immediate

Senile Dementia -

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

R. L. Hammond
Woodsboro
Md.

H

Accident or Suicide?

No.

Glouce. church. Grave yard.

Name
in
Full

Amanda E. Lease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb.	Day 26	Years 41	Months 6	Days 25
Sex	Female	Color or Race	White	Birth-place	Frederick Co	
Occupation	Fraudstress			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Gideon P. Lease			Father's Birthplace	Frederick Co	
Mother's Maiden Name	Elizabeth Spangler			Mother's Birthplace	Frederick Co	
Name of person giving Information	Howard M. Lease			How related to deceased	Brother	

CAUSES OF DEATH

93

Primary Acute Labor Pneumonia How long 10 days
Immediate Heart Failure How long 10 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

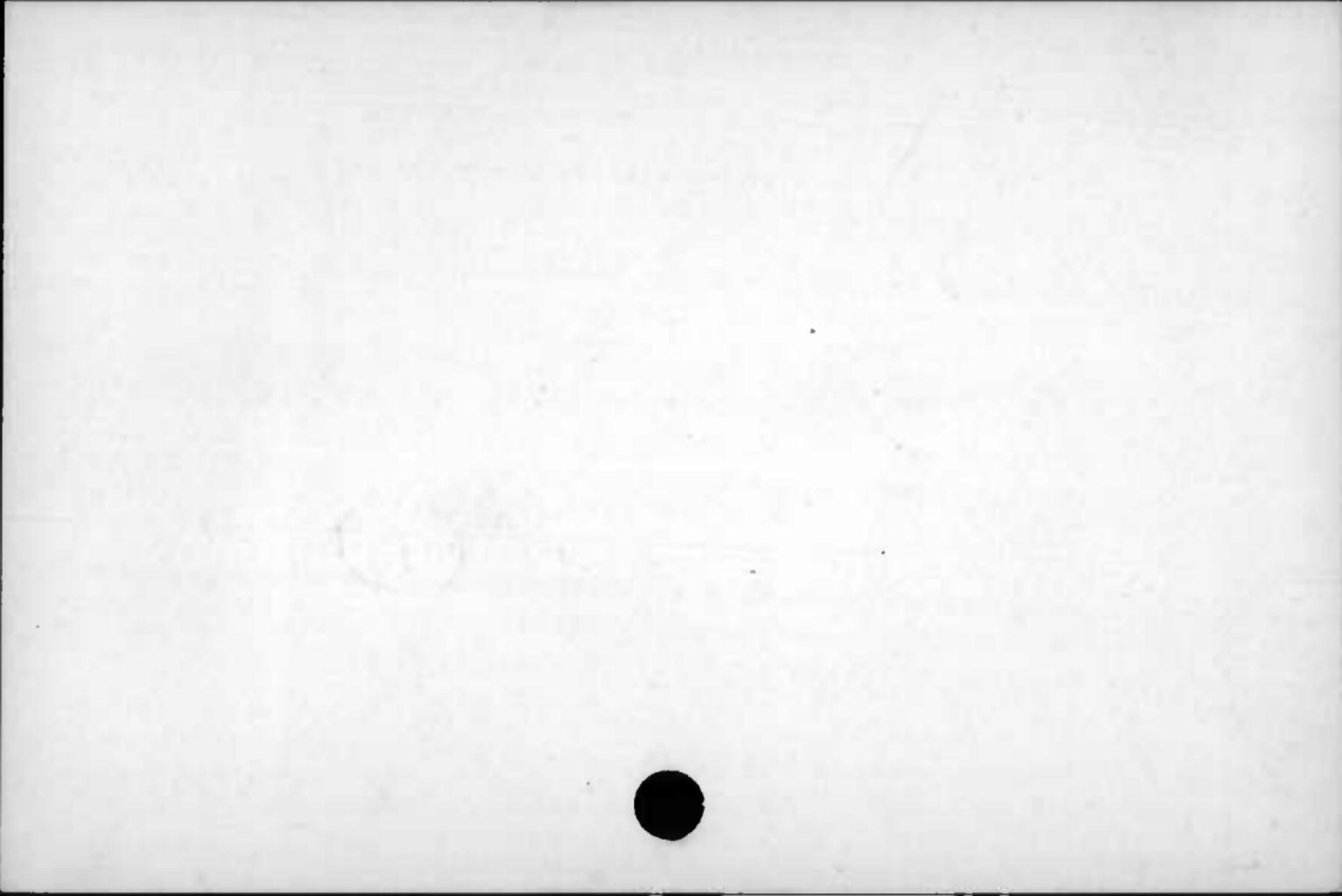
Signature of Physician

Address

W. P. Stone
Liberty Town
Md.

14

Accident or Suicide?



Name
in
Full

Daniel E. Leekins

• CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Johnsville		Fordinick		
Date of death 1908	Month Feb	Day 22	Age 61	Years	Months 8
Sex Male	Color or Race	White	Occupation	Birth-place Maryland day Laborer	
Married, Single or Widowed	Laura Virginia		Boone		
Name of Husband	Thomas Leekins		Father's Name	Md	
Father's Name	Mary Magdaline Abbaugh.		Mother's Birthplace	..	
Mother's Maiden Name	John T. Leekins		How related to deceased	Son	
Name of person giving information	CAUSES OF DEATH		177		
Primary	General Anoscoria		3 or 4 months		
Immediate	Heart Failure		How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

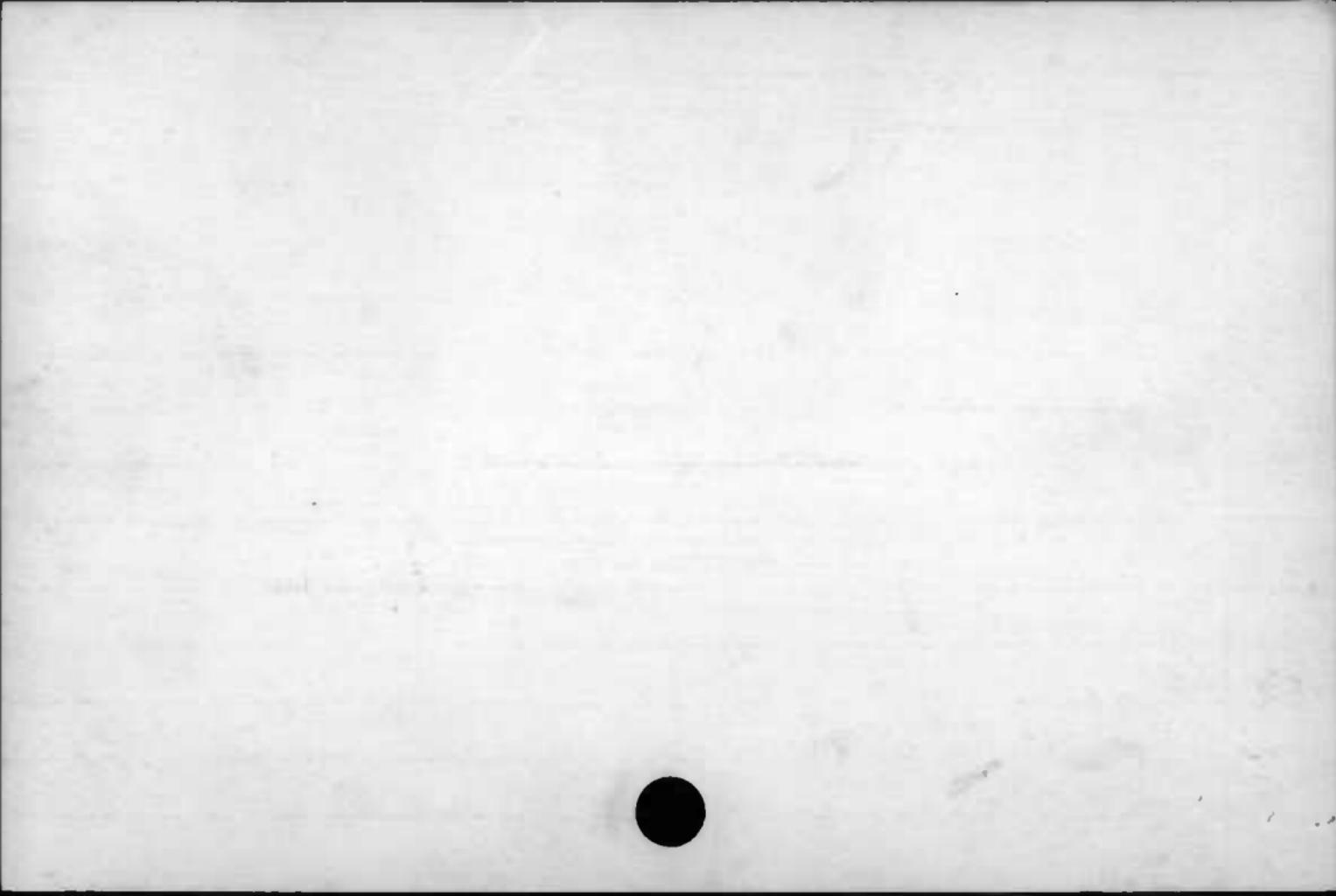
Signature of Physician

Address

F. D. Sidwell
Johnsville, Md.

H

Accident or Suicide?



Name
in
Full

Frank P. Leekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1908	Month Feb	Day 2	Years 16	Age	Months	Days
Sex Male	Color or Race		White		Birth-place Maryland	
Married, Single or Widowed			Occupation		Plum Laborer	
Name of Wife or Husband						
Father's Name	Daniel Leekins			Father's Birthplace	Maryland	
Mother's Maiden Name	Lennie Brown			Mother's Birthplace	" "	
Name of person giving Information	Daniel Leekins			How related to deceased	Brother	

CAUSES OF DEATH

⑨

How long

between 6 & 7 days

How long

Primary

Diphtheria
with heart failure

Immediate

Quenol by armia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

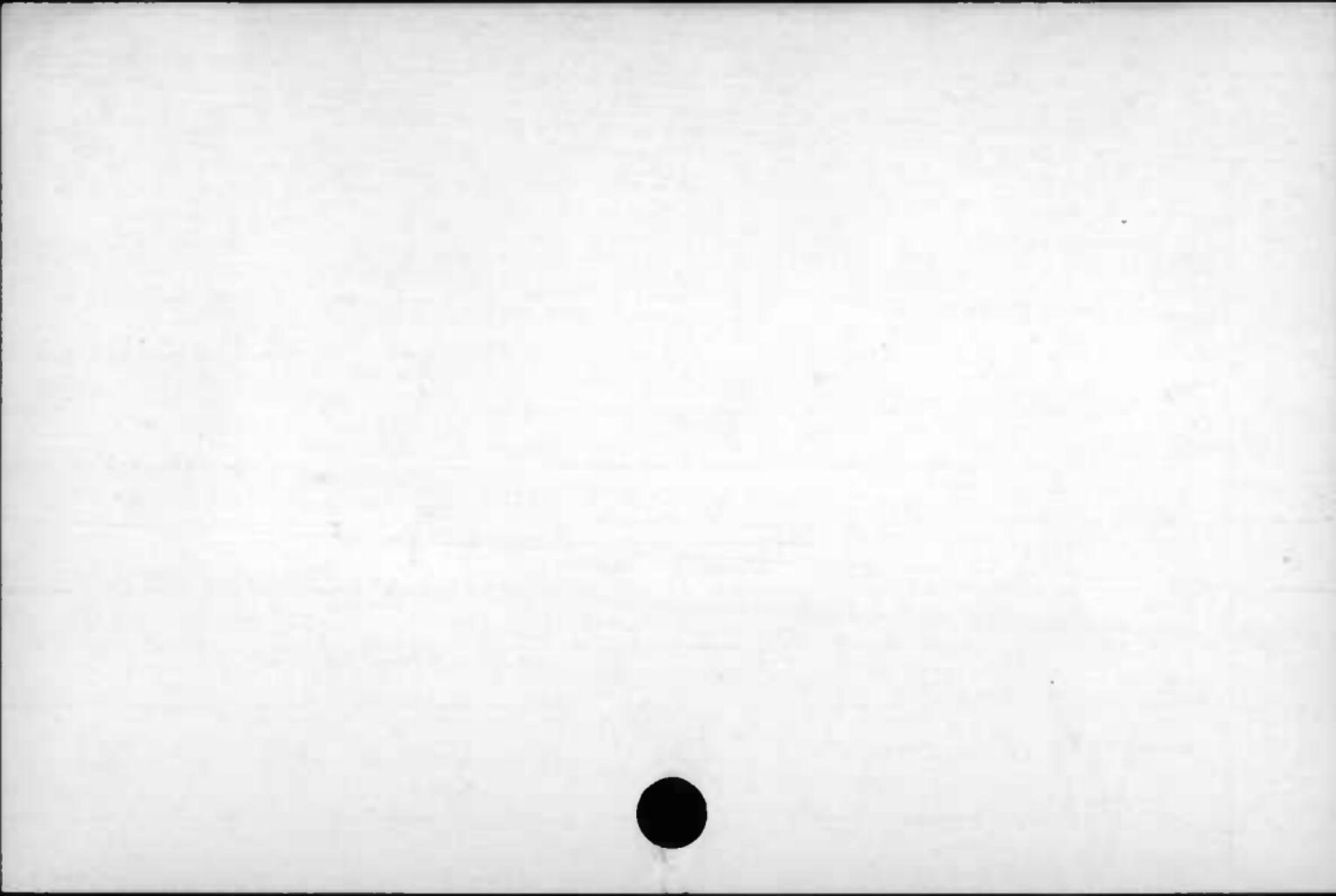
F. H. Sidwell

Address

Johnsville, Md.

H

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Lidia Ann Littlefield</i>					CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Don't know			Father's Birthplace	Me	
Mother's Maiden Name	Catherine Fogle			Mother's Birthplace	Me	
Name of person giving information	Bessie Bunkles			How related to deceased	Niece	

CAUSES OF DEATH

93

Primary

Peritonitis

How long

3 days

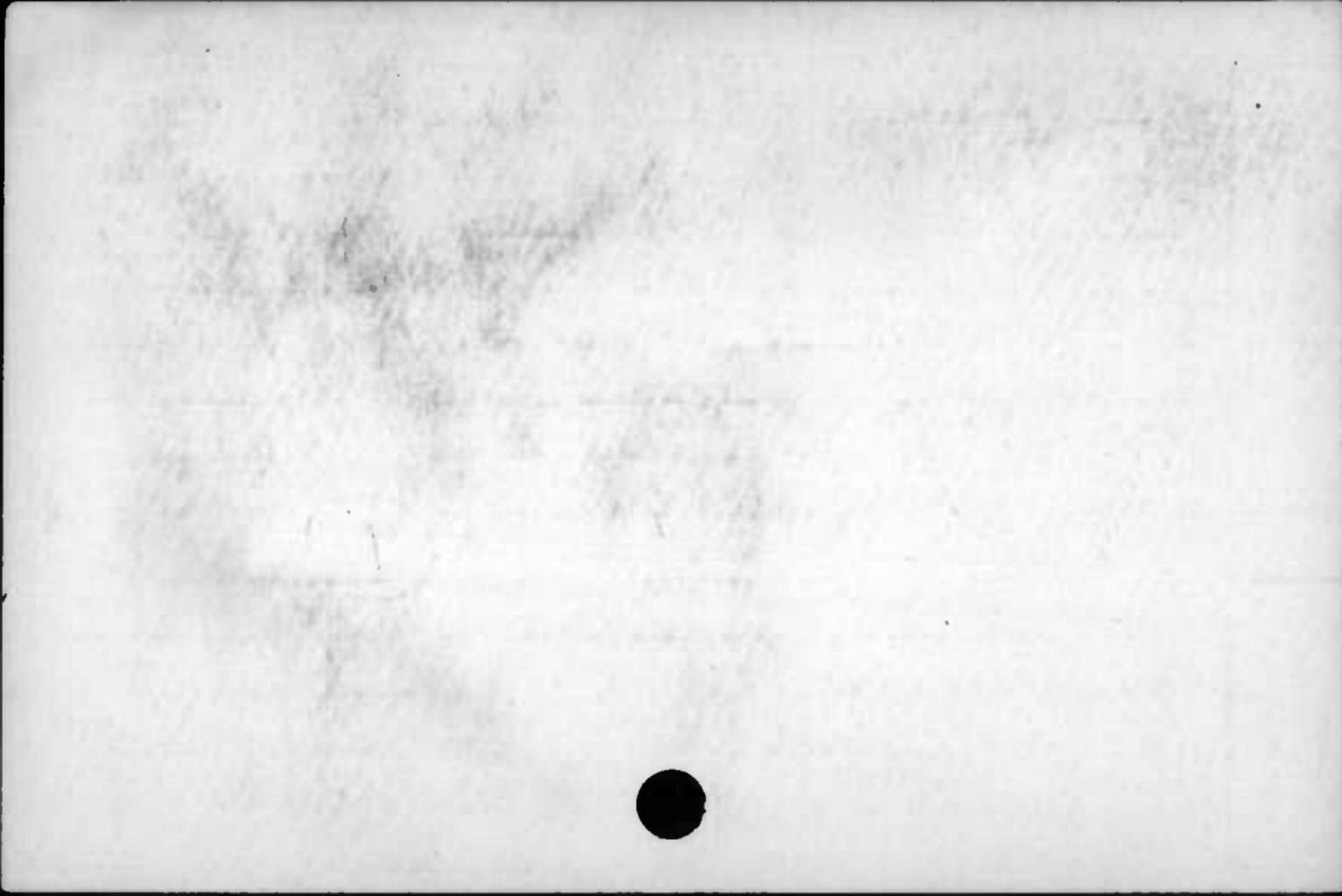
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

George Lins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick - Hospital</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>13</u>	Years <u>72</u>	Age <u>72</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Frederick Co</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>	Father's Birthplace <u>Md</u>				
Father's Name <u>Adams Lins</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>Unknown</u>	How related to deceased					
Name of person giving information <u>Personas Knowledge</u>						

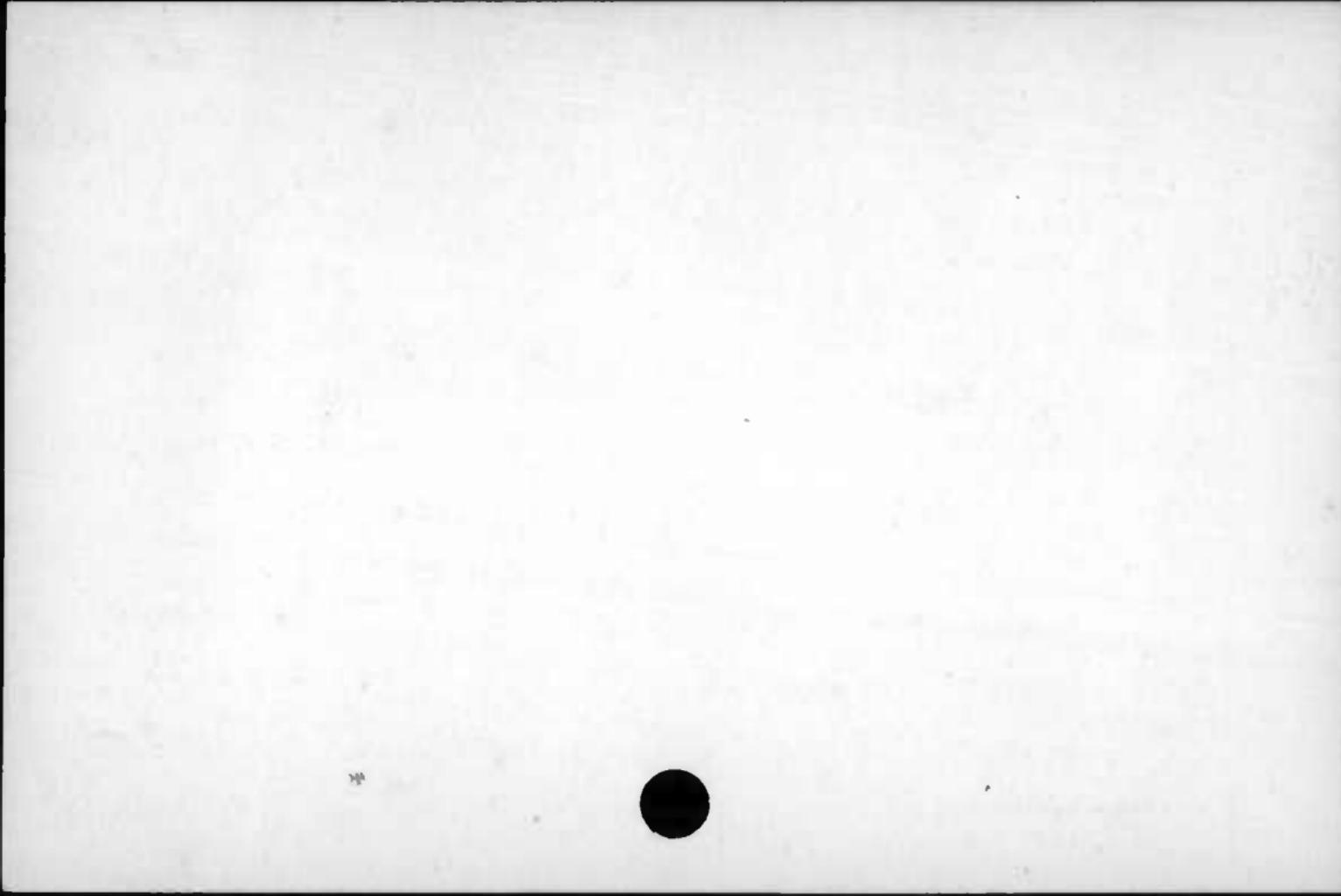
CAUSES OF DEATH

166

Primary <u>Accidental Railroad injuries</u>	How long <u>2 1/5 h.</u>
Immediate <u>Shock</u>	How long <u>3 h. 15 m.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. McLeary</u>
	Address <u>Frederick, Md.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER

H



Name
in
Full

Java Greinum McNealley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Feb.	Day 19	Years 6	Months 2	Days 24	
Sex	Female	Color or Race	white	Birth-place	Mt		
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	William D. McNealley			Father's Birthplace	Su		
Mother's Maiden Name	Susan Virginia Greinum			Mother's Birthplace	Mt.		
Name of person giving information	Wm D. McNealley			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scarlet Fever.

7

How long

7 days

Immediate

General Trauma

How long

203 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

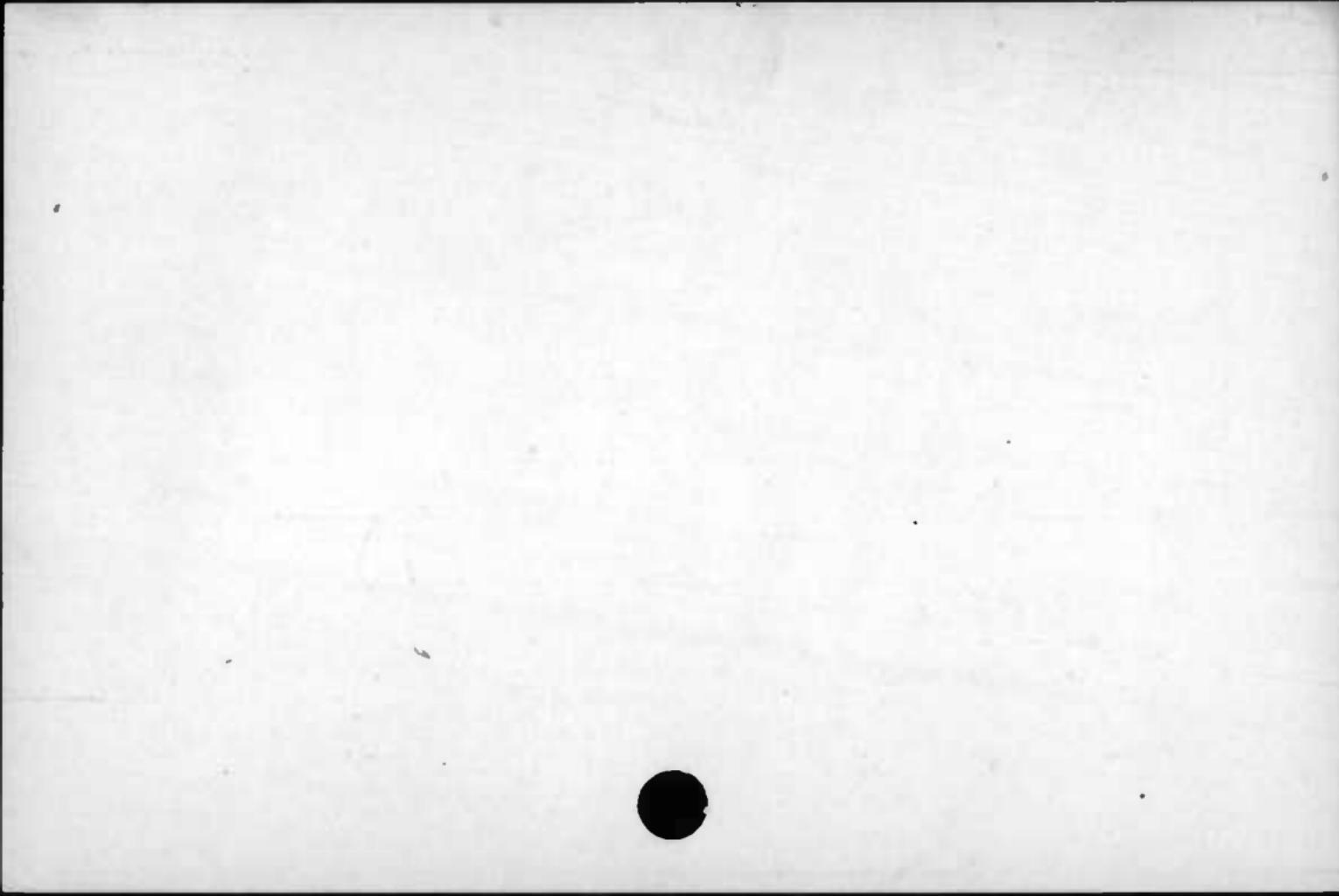
Address

Lewis West

Brunswick-

Frederick Co

Accident or Suicide?



Name
in
Full

Wesley Marker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Former		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Charlotte Marker	Marker		
Father's Name	Peter Marker		Father's Birthplace		Former	
Mother's Maiden Name	unknown		Mother's Birthplace		Former	
Name of person giving information	C. F. Marker		How related to deceased		Son	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary Acute Nephritis

How long 4 weeks

Immediate Edema Pulmonary

How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

11

Accident or Suicide?

Address

B. J. Jamison.
Emmitsburg,
Md.



Name
in
Full

Allen P Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

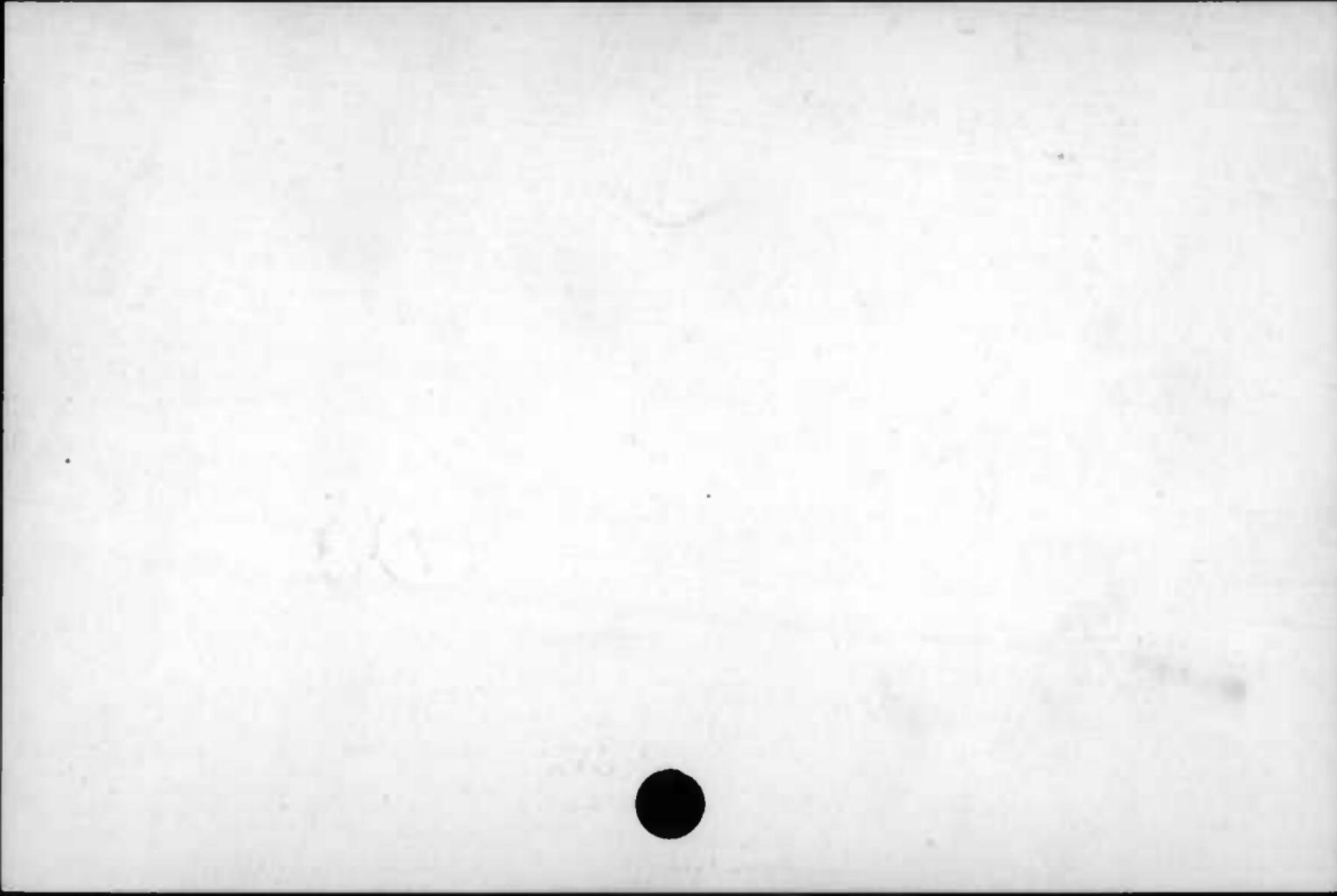
Died at		Town	County		MARYLAND		
Frederick		Md.	Frederick				
Date of death	1908	Month 2	Day 15	Years 25	Months	Days	
Sex	Male	Color or Race	White	—	Birth-place	Frederick Co Md	
Occupation	Frisman		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	George Wilson Montgomery					Father's Birthplace	Frederick Co Md
Mother's Maiden Name	Elizabeth Crawford					Mother's Birthplace	" "
Name of person giving information	Ball					How related to deceased	Brother-in-Law

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever.	How long	3 wks.
Immediate	Strumorrhage	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Johnson
		Address	Frederick Md.
H		Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Viola Halloran Moose						CERTIFICATE OF DEATH
Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female		Color or Race	A Negro		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry Halloran					
Mother's Maiden Name	Gozine Moose					
Name of person giving information	How related to deceased					
CAUSES OF DEATH						
Primary	Pertussus					
Immediate	Cultural Pneumonia					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes.			Address			
H			A. J. Smith Jefferson Md			
Accident or Suicide?						



Name
in
Full

Robert Murphy

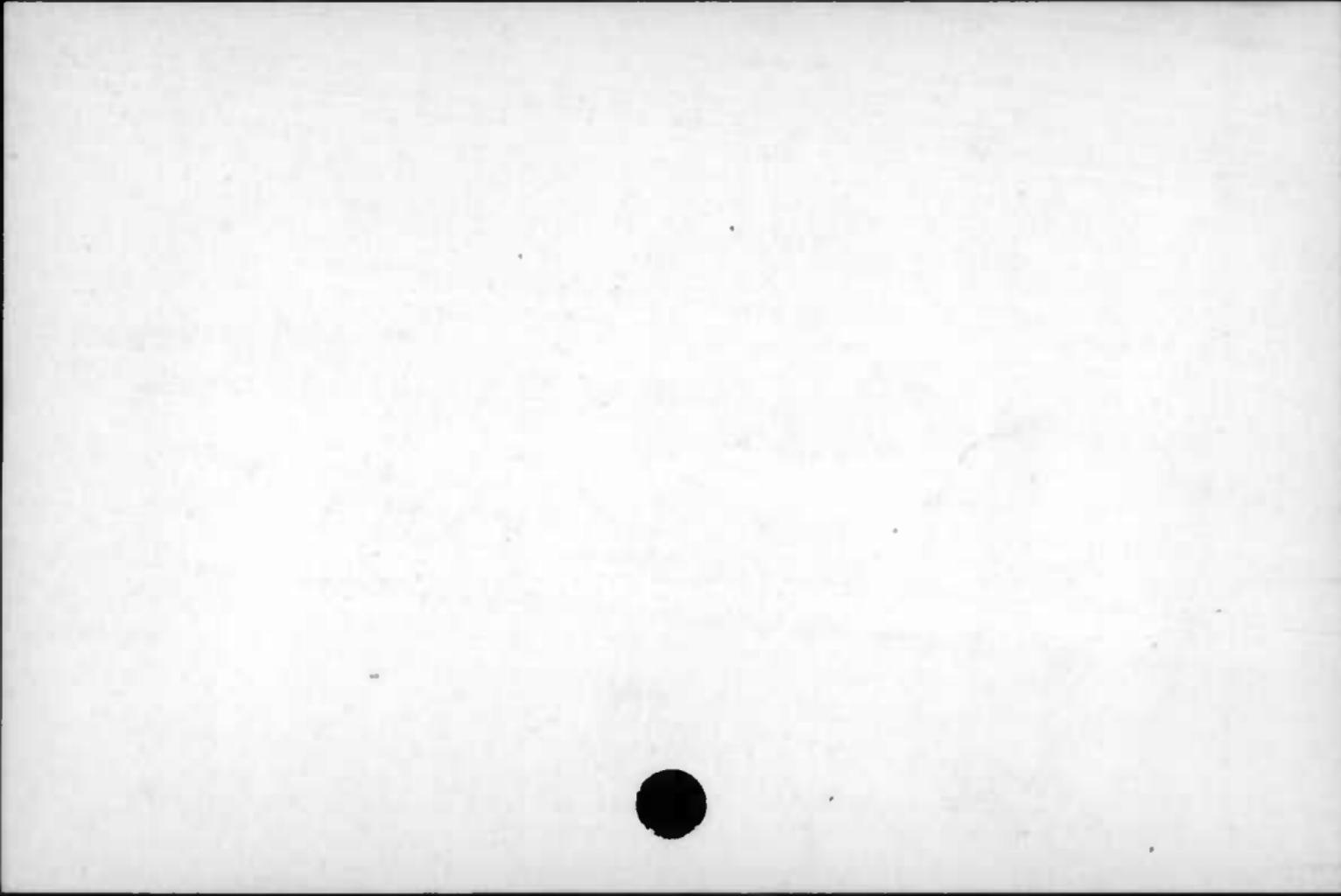
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	19	10	
Occupation	Laborer		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Lewis Murphy		Father's Birthplace	Md			
Mother's Maiden Name	Loyce O'Kora		Mother's Birthplace	Md			
Name of person in formation	Mr. Bedoder		How related to deceased	Natural			
CAUSES OF DEATH						54	

PHYSICIAN
OR CORONER

Primary	Persecution Anemia	
Immediate	Asthenia	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician		Address
H		
Accident or Suicide?		



Name
in
Full

Clifford Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Fredd		Fredd			
Date of death	Month	Day	Years	Months	Days
1908	2	13	Age 23	4	20
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Painter		Where Residing if not at place of death	died in city Hospital	
Married, Single or Widowed	single	Name of Wife or Husband	Emilia Hartwick		
Father's Name	Luther R Myers		Father's Birthplace	Md Va	
Mother's Maiden Name	Sarah Estep		Mother's Birthplace	Md Va	
Name of person giving information	Luther R Myers		How related to deceased	Father	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Suffocation		How long	3 weeks
Immediate	Pneumonia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm Campbell Shumow	
		Address	Fredd Md	
Accident or Suicide?	My			



Name
in
Full

Ann Nusbauer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westfalls</u>		Town <u>Frederick</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>8</u>	Age <u>94</u>	Years	Months <u>X</u> Days <u>17</u>
Sex <u>Femal</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Name</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Has none</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Millon Smith</u>			How related to deceased <u>No no way</u>		

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary Infirmitie's of Age

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

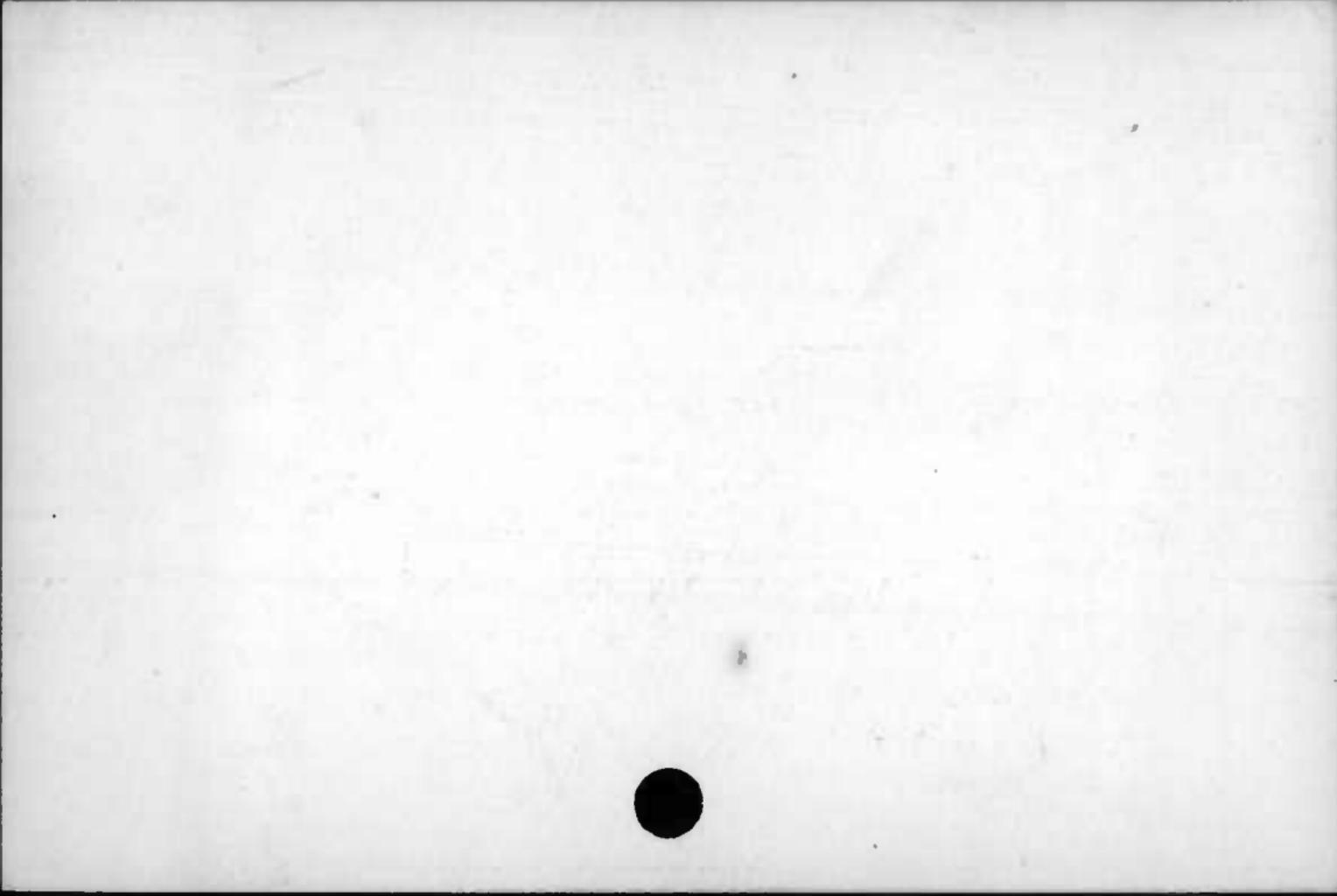
Tho. P. Sappington

Address

Unionville

Maryland

Accident or Suicide?



Name
in
Full

Palmer

CERTIFICATE OF DEATH

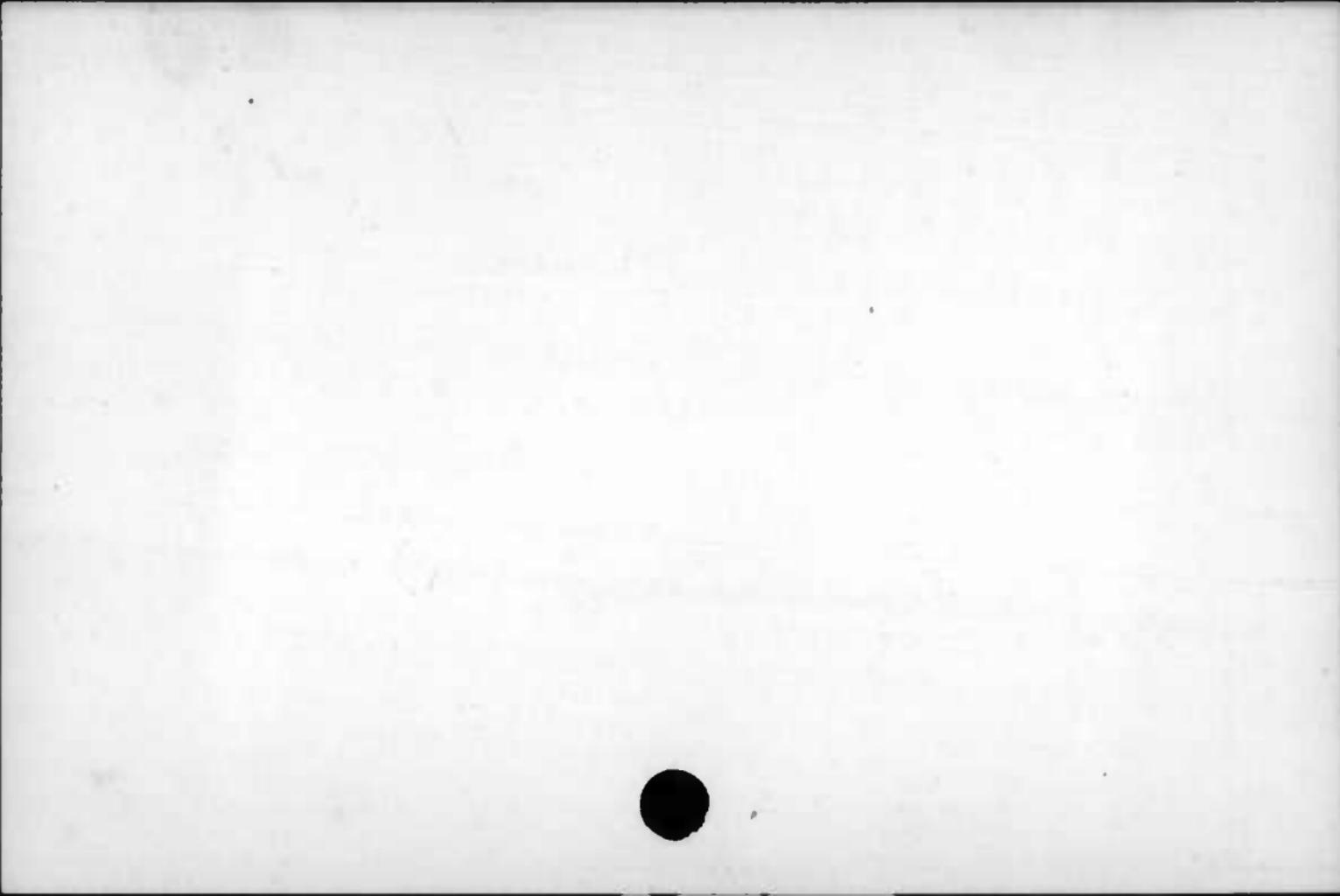
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month Feb	Day 8	Years 0	Months 0	Days 0
Sex	Female		Color or Race	colored	Birth-place	md
Occupation	House			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	unknown			Father's Birthplace		
Mother's Maiden Name	Hannah Palmer			Mother's Birthplace		
Name of person giving information	Hannah Palmer			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn		
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
Accident or Suicide?	no	Wm H Johnson Lizzie Sparks midwife Fredk MD	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Annie E. Peters

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Baltimore

Baltimore

Date

Month

Day

Years

of death 1908

Feb.

26

34

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Martinsburg, W. Va.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Charles M. Peters

Father's
Name

Charles Price

Father's
Birthplace

N. J.

Mother's
Maiden Name

Annie Martin

Mother's
Birthplace

Va.

Name of person giving
Information

Charles M. Peters

How related
to deceased

Husband

H

CAUSES OF DEATH

134

Primary

extra uterine pregnancy

How long

Do not know

probably

How long

Immediate

collapse - internal hemorrhage abdominal 1 1/2 hours

Are the name, age, sex, color, date
and place correctly given above?

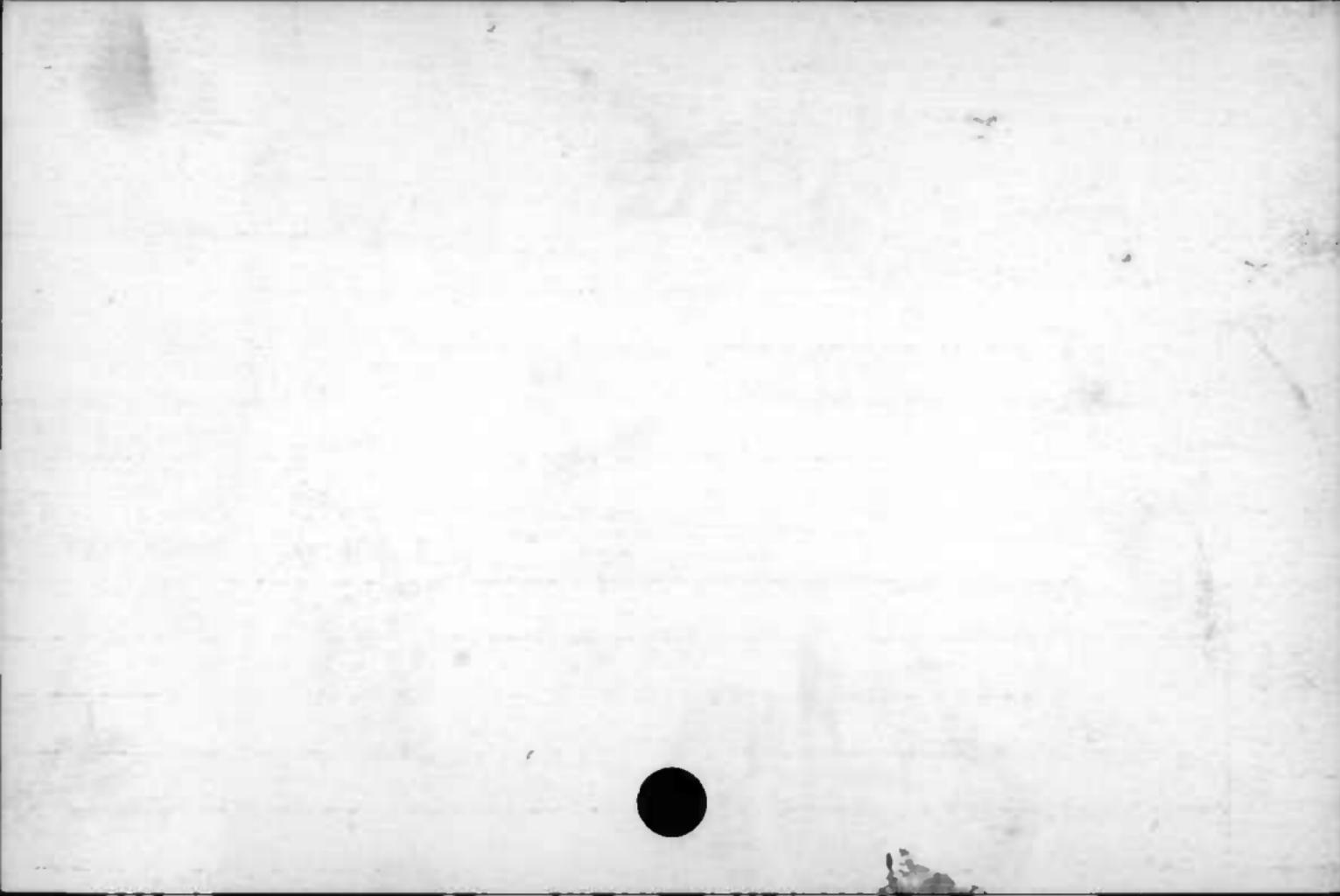
Yes

Signature of
Physician

Address

C. E. Crumley, M.D.
Baltimore,
Md.

Accident or Suicide?



Name
in
Full

Lorraine Henry Remusberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

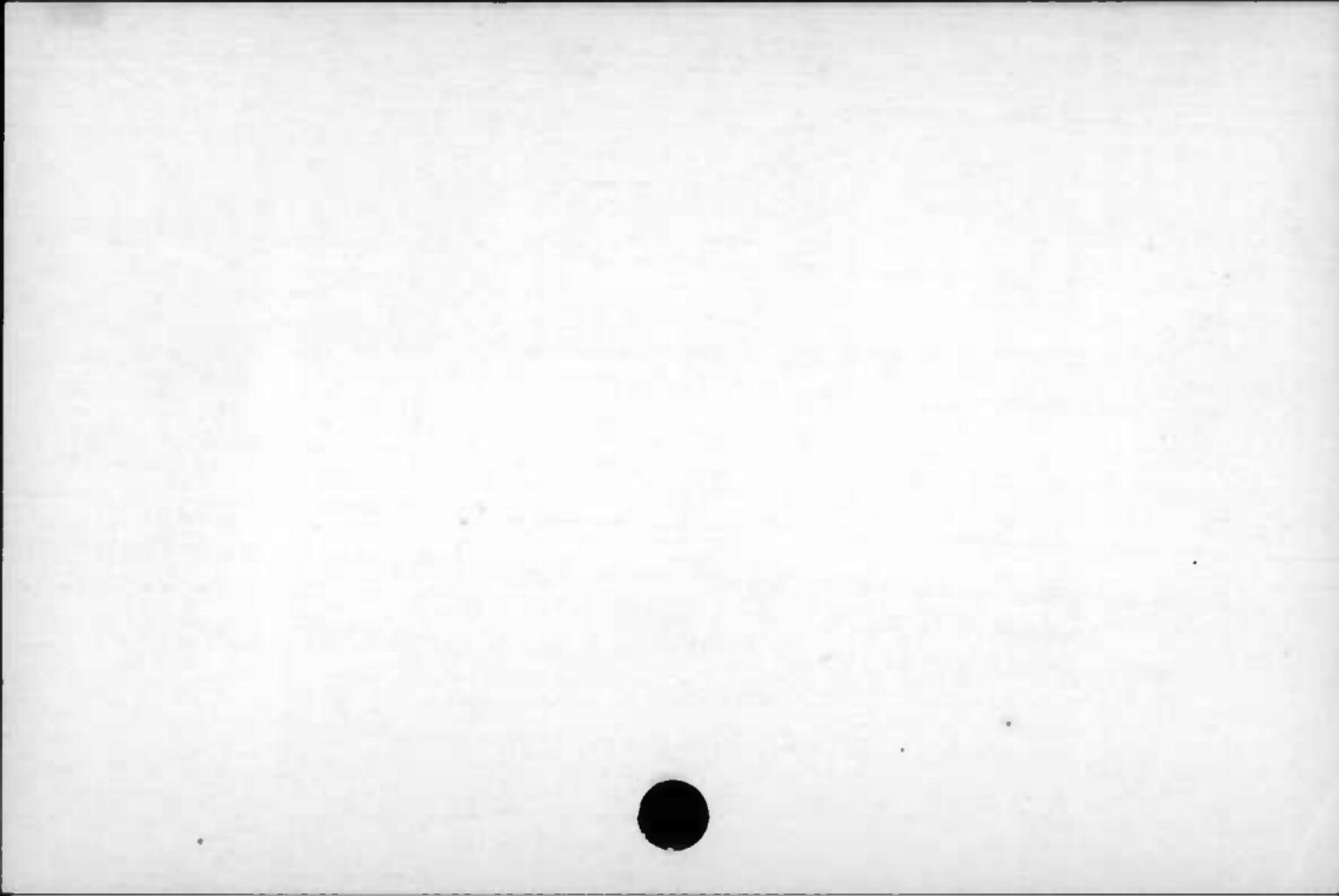
Died at	Town	County	MARYLAND		
Date of death 1908	Month Feb.	Day 7	Years 6	Months 7	Days
Sex Male	Color or Race white	Birth-place Md.			
Married, Single or Widowed Single	Occupation School boy				
Name of Wife or Husband					
Father's Name Emory L Remusberg	Father's Birthplace Md.				
Mother's Maiden Name Viola Thomas	Mother's Birthplace Md.				
Name of person giving information Emory L Remusberg	How related to deceased Father				
CAUSES OF DEATH					
Primary	Pneumonia following Pertussis				
Immediate	Cardiac Failure				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	8	
			Address	How long 11 days	
				How long 6 hrs -	

PHYSICIAN
OR CORONER

H

Accident or Suicide?

T. Clyde Routsong
Buckeyestown



Name
in
Full

William Patrick Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Brunswick	Frederick-			
Date of death	1908 Feb 6	Age 60	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Ireland
Occupation	Foreman	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Ellen Phalen		
Father's Name	Other John	Riley	Father's Birthplace	Ireland	
Mother's Maiden Name	Martha Margaret Cook		Mother's Birthplace	Ireland	
Name of person giving Information	Ellen Riley		How related to deceased	wife	

CAUSES OF DEATH

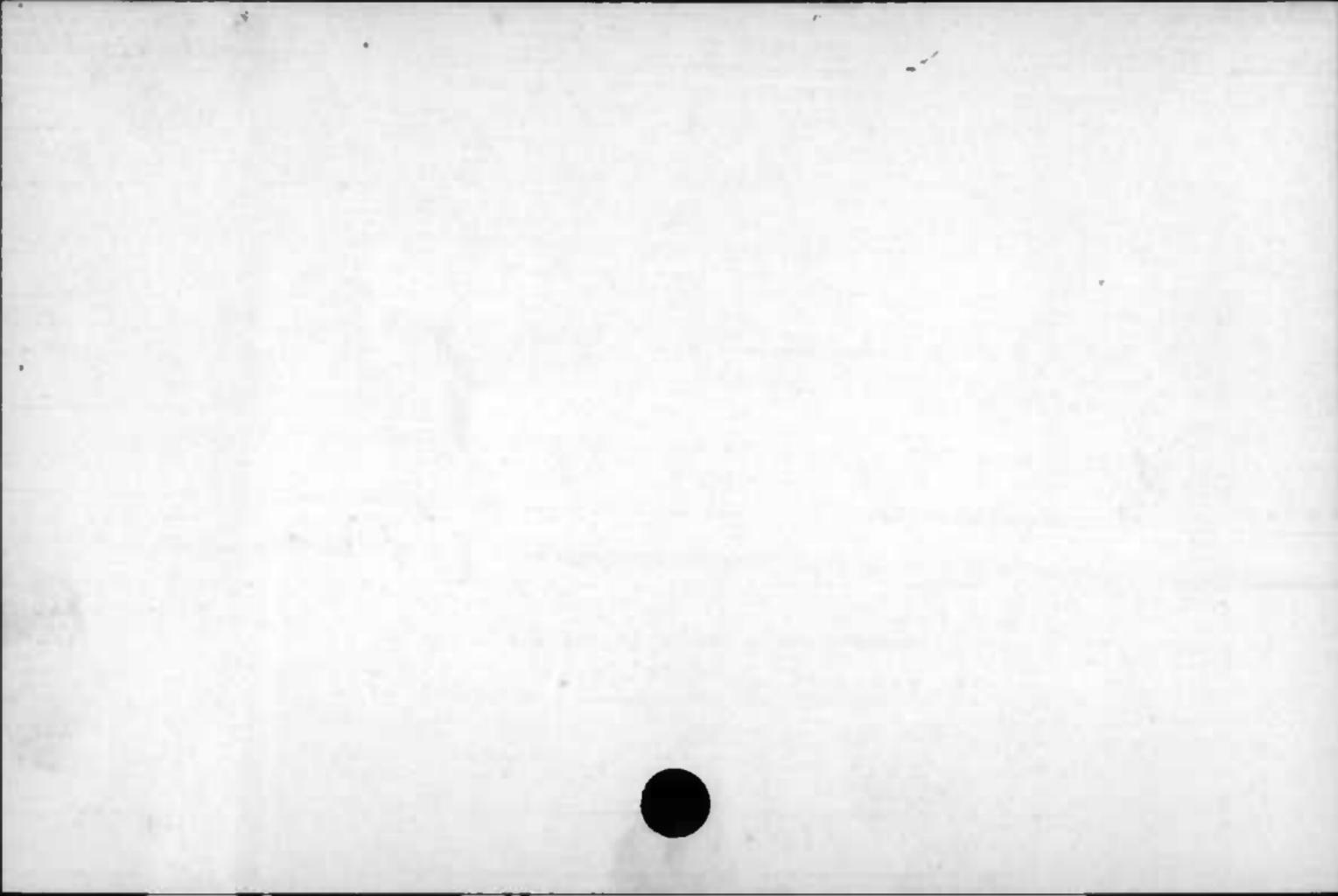
1

PHYSICIAN
OR CORONER

Primary	Syphilitic Fever	How long	21
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Livin West
		Address	3 Brunswick Frederick Co

II

Accident or Suicide?



Name
in
Full

Catherine Peoples

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Pearce</u>		Town <u>Frederick</u> County <u>Frederick</u>		No. 5, MARYLAND	
Date of death <u>1908.</u>	Month <u>2</u>	Day <u>21</u>	Age <u>67</u> Years	Months <u>8</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewives</u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Basil J. Peoples</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>don't know</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Edna Anderson</u>	How related to deceased <u>Son in law</u>				

CAUSES OF DEATH

112

How long

2 years

How long

5 months

PHYSICIAN
OR CORONER

Primary

Atrophy of liver

Immediate

Degenerative changes & exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

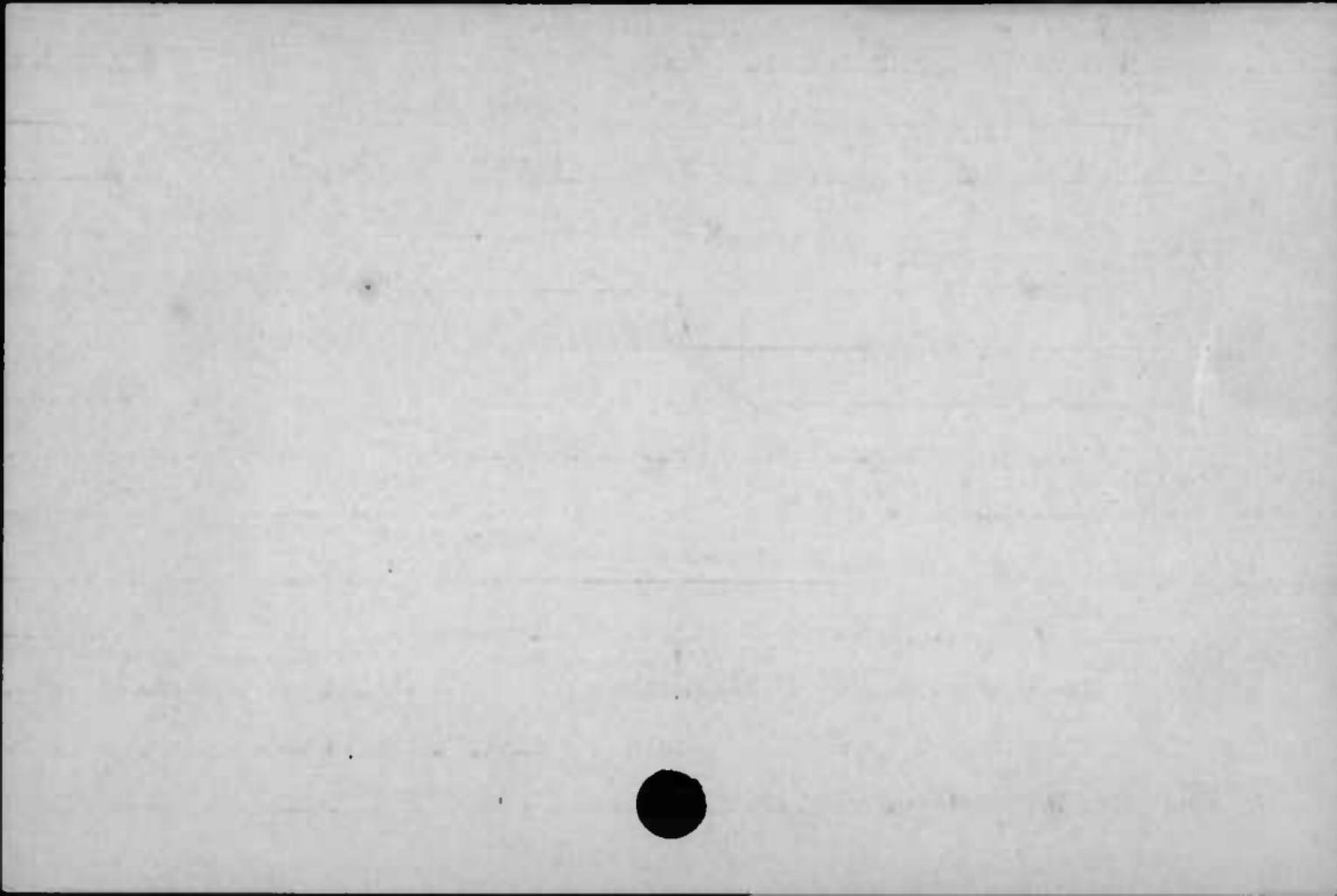
Signature of Physician

Geo. H. Riggs M.D.

Address

Frederick Md.

Accident or Suicide?



Name
in
Full

Martha J. Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Trantville</u>		Town	County <u>Frederick Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Febr.</u>	Day <u>12</u>	Age <u>68</u>	Years	Months <u>1</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>same place</u>				
Occupation <u>Housewife</u>	Name of Wife or Husband <u>John H. Saylor</u>					
Married, Single or Widowed <u>Widow</u>	Father's Name <u>Owen Ledgwood</u>			Father's Birthplace <u>St. of Md.</u>		
Mother's Maiden Name <u>Lucie Bayars</u>	Mother's Name <u>John H. Saylor</u>			Mother's Birthplace <u>St. of Md.</u>		
Name of person giving information <u>John H. Saylor</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

48

How long

2 1/2 yrs.

How long

unable to walk for
2 years. Gradual

Primary

Rheumatism Deformis
from intense pain

Immediate

General Arthrosis - } Contingently

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

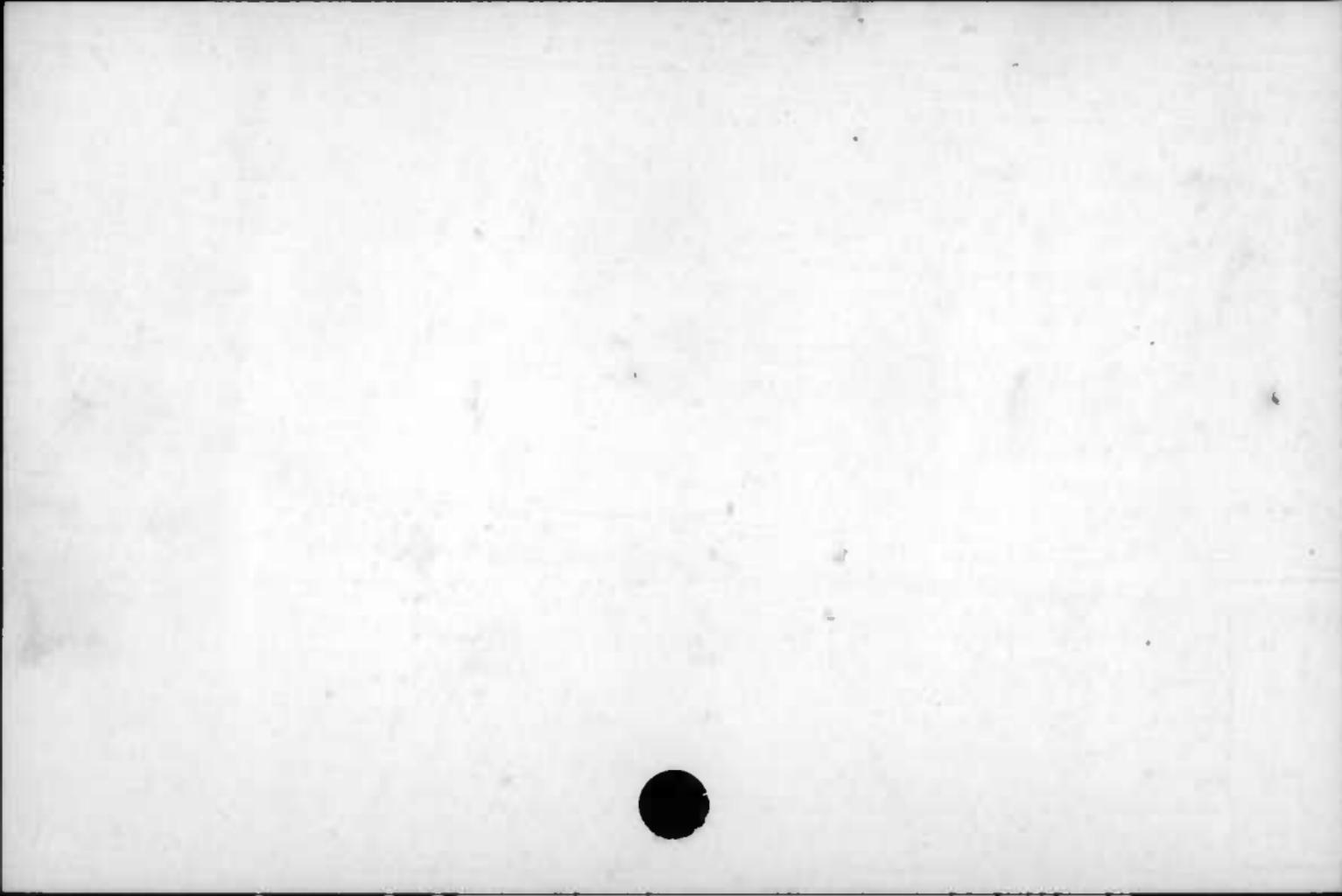
Address

C. A. Steele

Woodsboro Md.

to best of my knowledge

Accident or Suicide?



Name
in
Full

Jessie Marie Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Baltimore

County

Baltimore

MARYLAND

Date
of death

Month

Feb

Day

1

Years

2

Months

5

Days

3

Age

2

Sex

Female

Color or
Race

white

Birth-
place

Montgomery Co.,
Baltimore

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles W. Selby

Father's
Birthplace

Montgomery Co.,
Baltimore

Mother's
Maiden Name

Hattie Appleby

Mother's
Birthplace

" "

Name of person giving
Information

C. W. Selby

How related
to deceased

Father

CAUSES OF DEATH

61

12

Primary

Pneumonia & meningitis

How long 2 or 3 days

Immediate

Profound depletion

-Coma.

How long The signs
show this child

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. W. R. Connor, M.D.

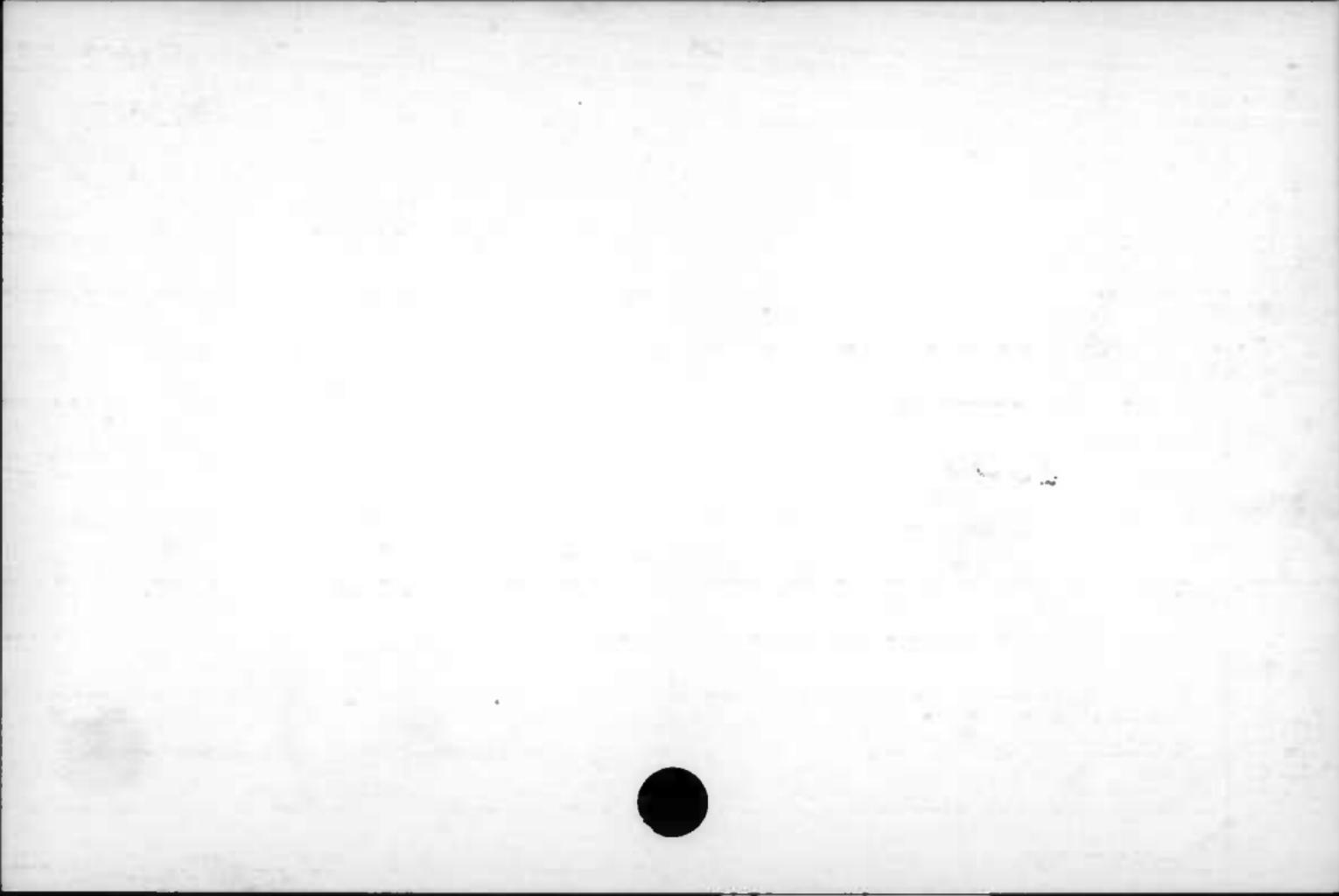
only one hour before
death.

Baltimore, Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide?



Name
in
Full

Sherfey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Youtville</u>		Town	County <u>Frederick</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>4</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Youtville</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel Sherfey</u>	Father's Birthplace <u>Md</u>				Mother's Birthplace <u>Md</u>
Mother's Maiden Name <u>Hettie Lightner</u>	How related to deceased <u>S</u>				
Name of person giving information					

CAUSES OF DEATH

Primary	<u>Still Born</u>	How long
Immediate		How long

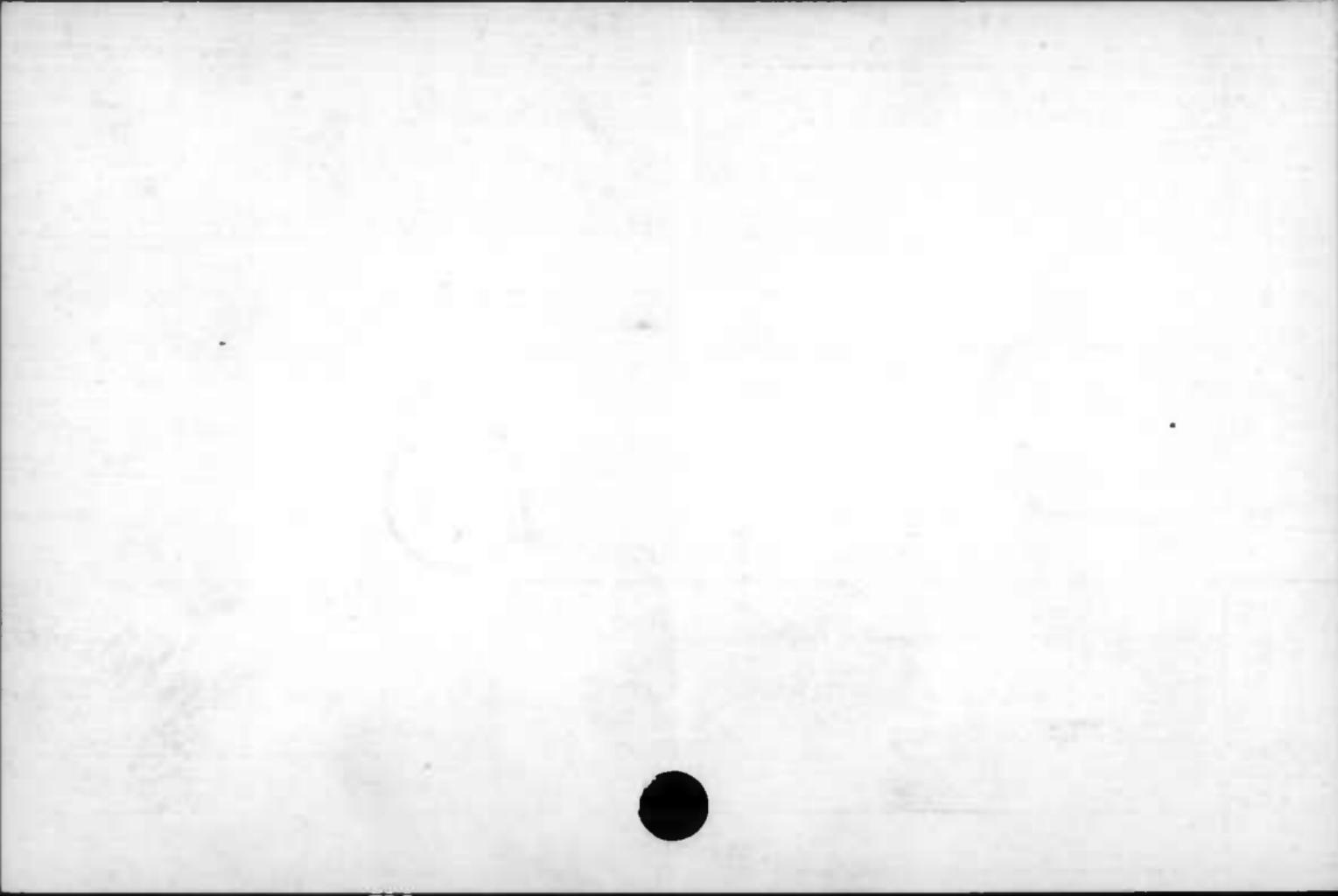
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. S. Young M.D.

Accident or Suicide?



Name
in
Full

Mrs Elisabeth F. Stock

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County		
Died at <u>Montgomery Hospital</u>	<u>Fredrick</u>		
Date of death <u>1908 Feb 21</u>	Month	Day	Years
Age <u>62</u>	Sex <u>Female</u>	Color or Race <u>white</u>	Months <u>4</u>
Occupation <u>Housewife</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Wm J. Stock</u>	Father's Birthplace <u>Fredrick Co</u>	
Father's Name <u>Harry Morninigstar</u>	Mother's Birthplace <u>Worlton</u>		
Mother's Maiden Name <u>Yerkum</u>	Name of person giving information <u>Charles Stock</u>	How related to deceased <u>Son</u>	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary

Melancholia

How long

1 year

Immediate

Inanition & Starvation

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. E. Lyons

Address

Fredrick,
Md.

I

Accident or Suicide?

Utica Cemetery

Name
in
Full

John H. Throok

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John William Throok		Father's Birthplace	Frederick Co	
Mother's Maiden Name	Mary Morningstar		Mother's Birthplace	Frederick Co	
Name of person giving Information	James R. Throok		How related to deceased	Brother	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Influenza

How long

2 days

Immediate

Heart Failure

How long

16 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

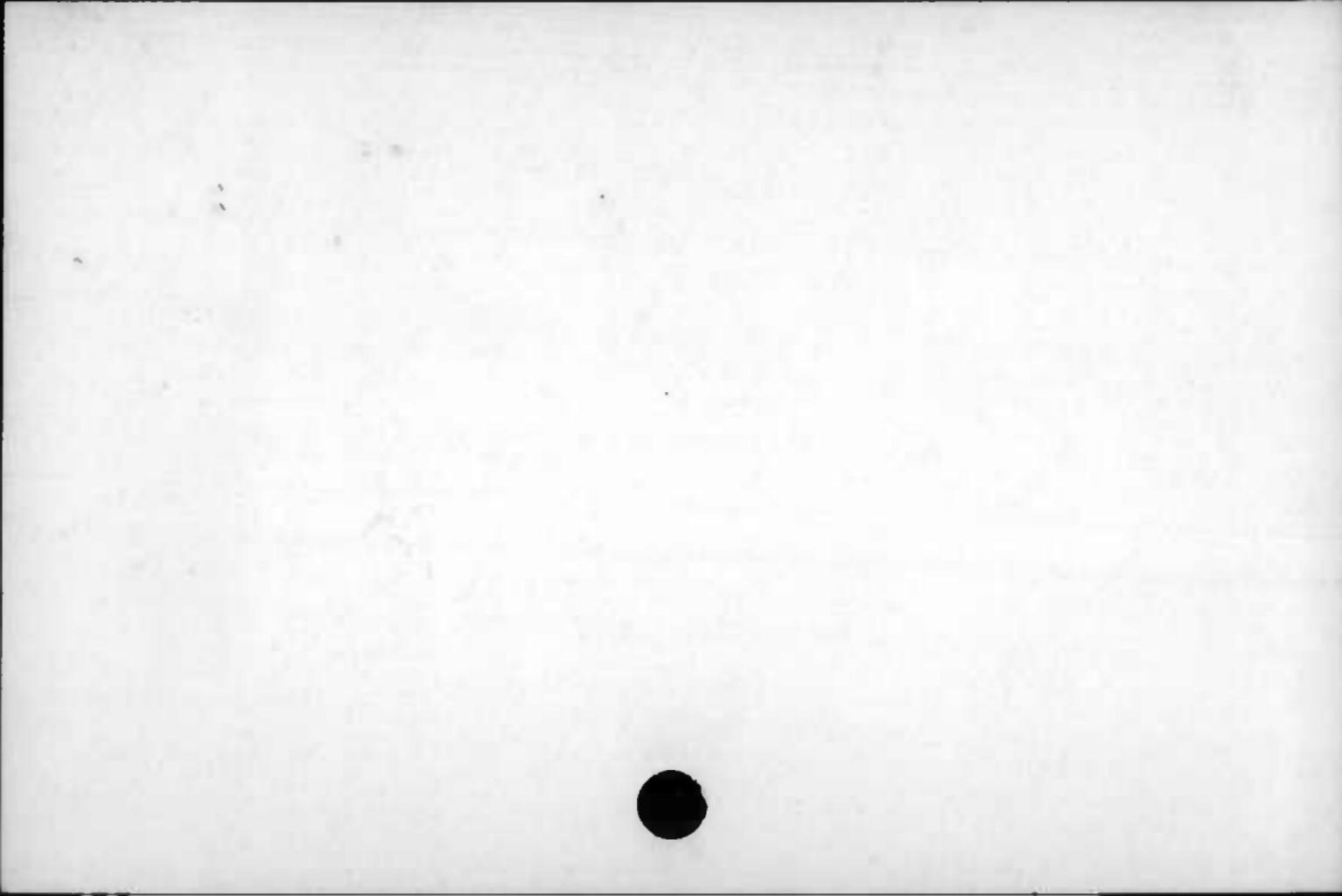
Address

His B. Throok

Liberty Town
Md.

H

Accident or Suicide?



Laura Smeltzer					CERTIFICATE OF DEATH	
Died at Unionville			County Frederick		MARYLAND	
Date of death 1908	Month Feb	Day 28	Age 54	Years	Months	Days
Sex Female	Color or Race White			Birth-place Md.		
Occupation House wife	Where Residing if not at place of death			At place of death		
Married, Single or Widowed Married	Name of Wife or Husband Evan Smeltzer					
Father's Name William Justice				Father's Birthplace	Md.	
Mother's Maiden Name Catharine Stiles	V			Mother's Birthplace	Md.	
Name of person giving information James Rostek	V			How related to deceased	Nephew	

CAUSES OF DEATH

74

Primary

Nervous prostration

How long

For months

Immediate

+

How long

Died very sudden

Are the name, age, sex, color, date and place correctly given above?

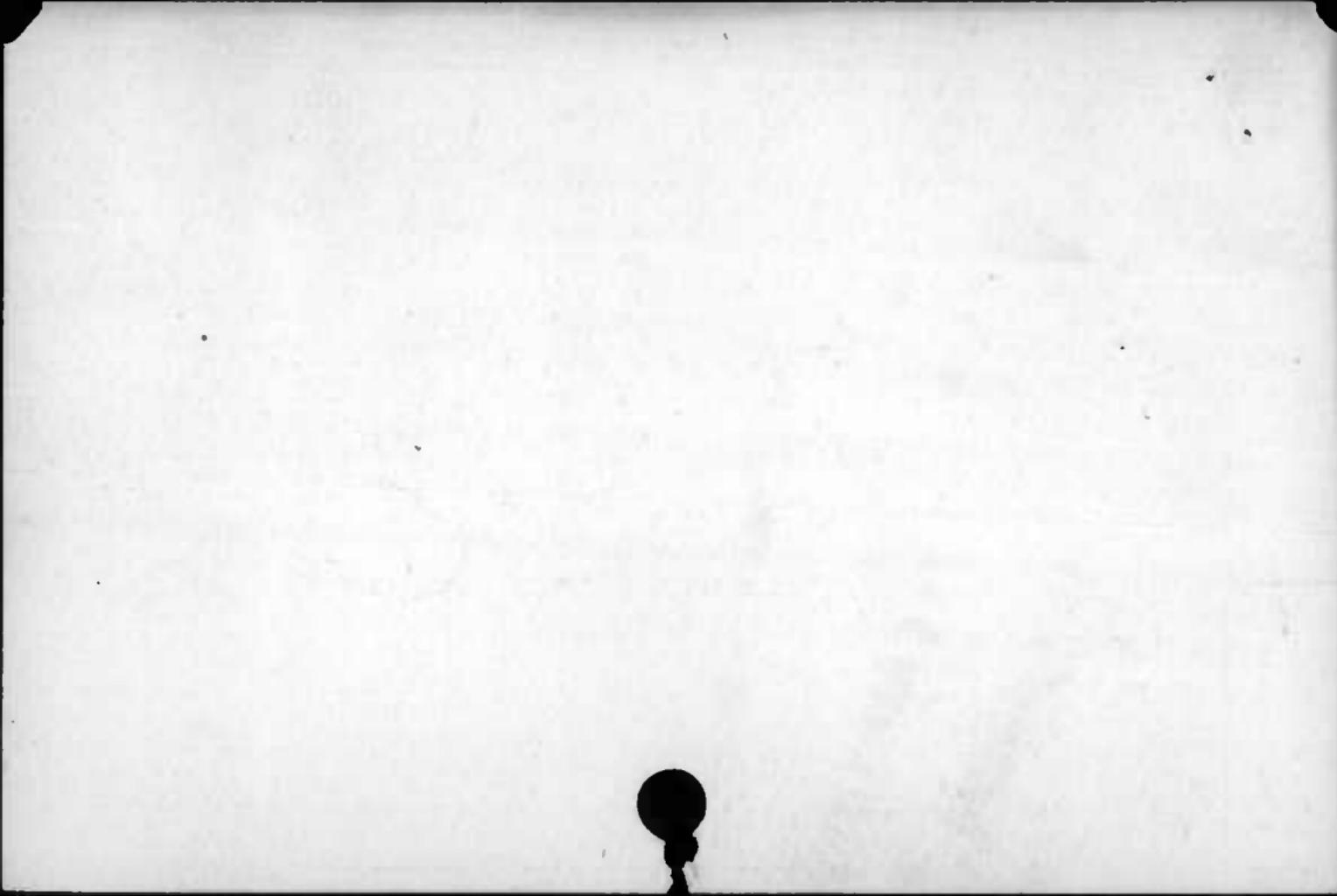
yes

Signature of Physician

Address

Thomas P. Sappington, M.D.
Unionville,
Maryland.

Accident or Suicide?



Name
in
Full

Elmer A Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Acton	Fredk			
Date of death	Month	Day	Years	Months	Days
1908	2	15	29	5	1
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Smith		Father's Birthplace	Maryland	
Mother's Maiden Name	Sophia Smith		Mother's Birthplace	"	
Name of person giving information	How related to deceased				
	1				

CAUSES OF DEATH

How long

PHYSICIAN
OR CORONER

Primary

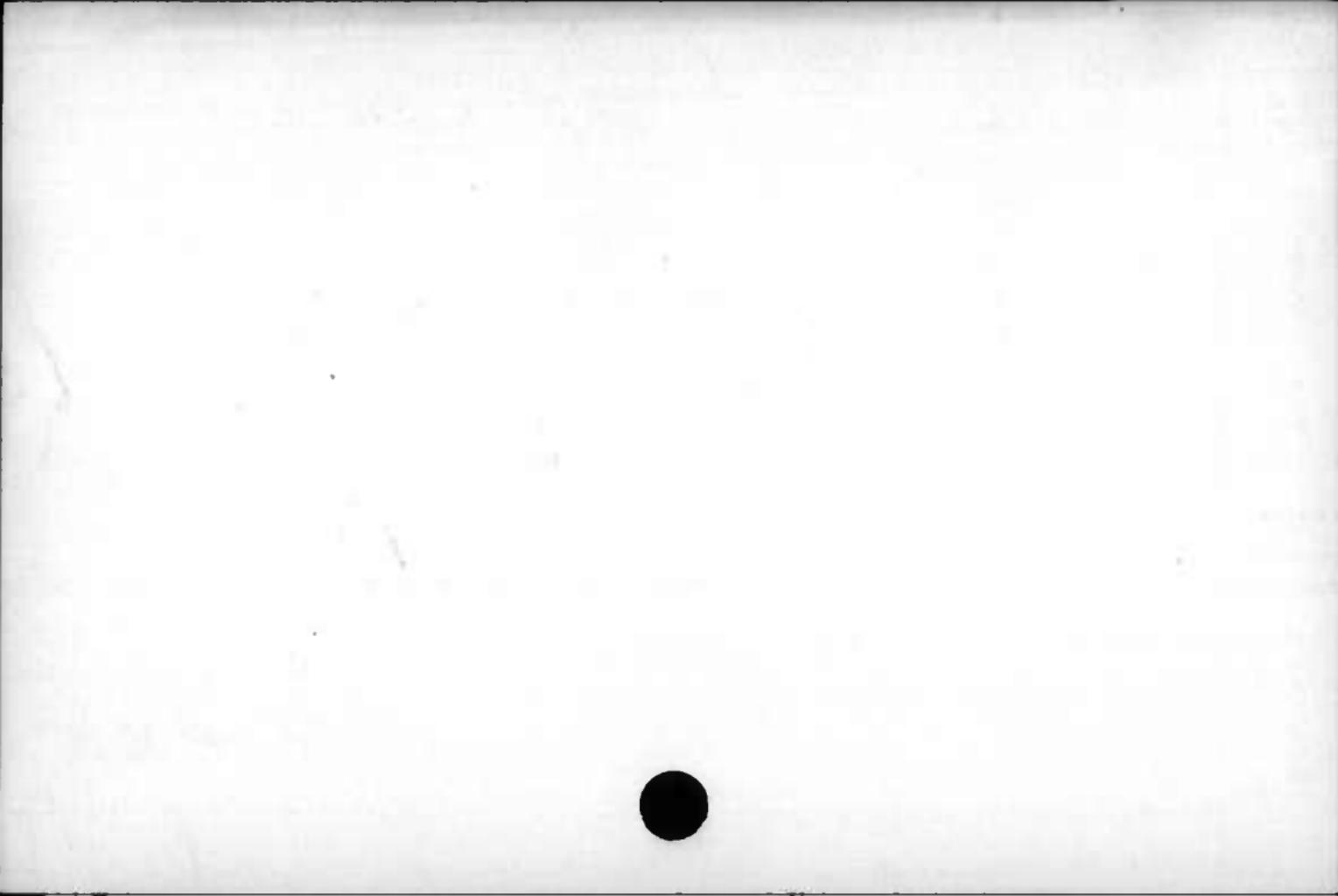
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Unnamned. Died 3 days old. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Myerstown		Town	County Frederick		MARYLAND	
Date of death 1908	Month Feby	Day 20	Years	—	Months	— Days 3
Sex Female	Color or Race white	Occupation	Where Residing if not at place of death	Birth-place Myerstown		
Married, Single or Widowed	Name of Wife or Husband	Father's Name Victor Smith	Father's Birthplace Myerstown	Mother's Birthplace	Myerstown	
Mother's Maiden Name Bessie Daugh	How related to deceased	Bessie Daugh	How long 3 da.	How long	3 da.	
Name of person giving Information		CAUSES OF DEATH	176			

PHYSICIAN
OR CORONER

Primary Injuries incident to birth.

Immediate Intracranial tension (probably)

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

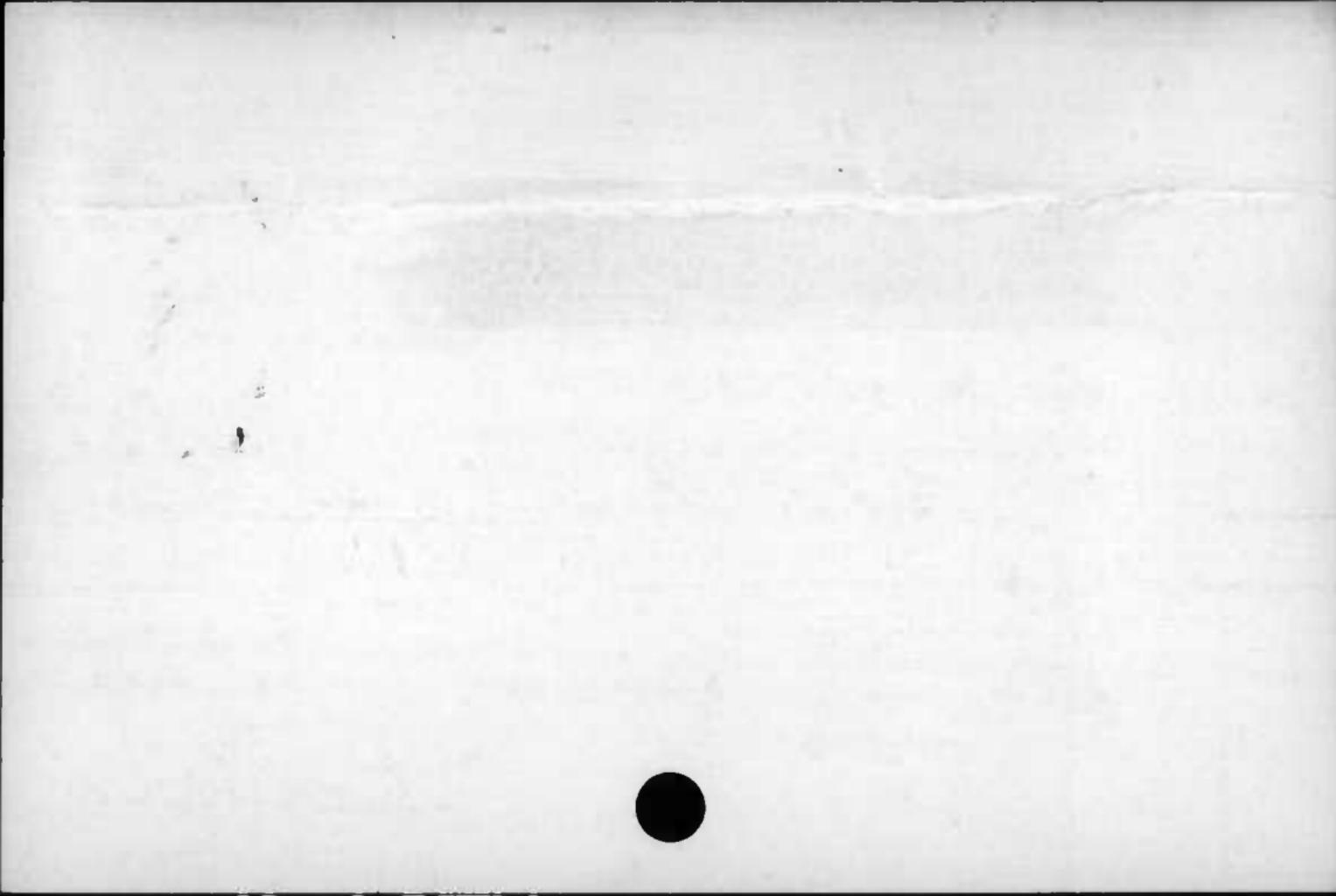
B. St. Hoke M.D.

Address

Myerstown
Md.

H

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Harry Strie.

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
1908		Month	Day	Years	Months	Days
of death		2	26	Age 37	5	1
Sex	Male	Color or Race	White		Birth-place	Woodsboro
Occupation	Butcher		Where Residing if not at place of death		—	
Married, Single or Widowed	Name of Wife or Husband		Edith F. Strie.			
Father's Name	Geo. H. Strie.				Father's Birthplace	Woodsboro
Mother's Maiden Name	Mary Strie.				Mother's Birthplace	Kudzoo
Name of person giving information	Geo. H. Strie.				How related to deceased	Father.

CAUSES OF DEATH

48

Primary

Rheumatism

How long

2 yrs.

Immediate

Aortic insufficiency

How long

18 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

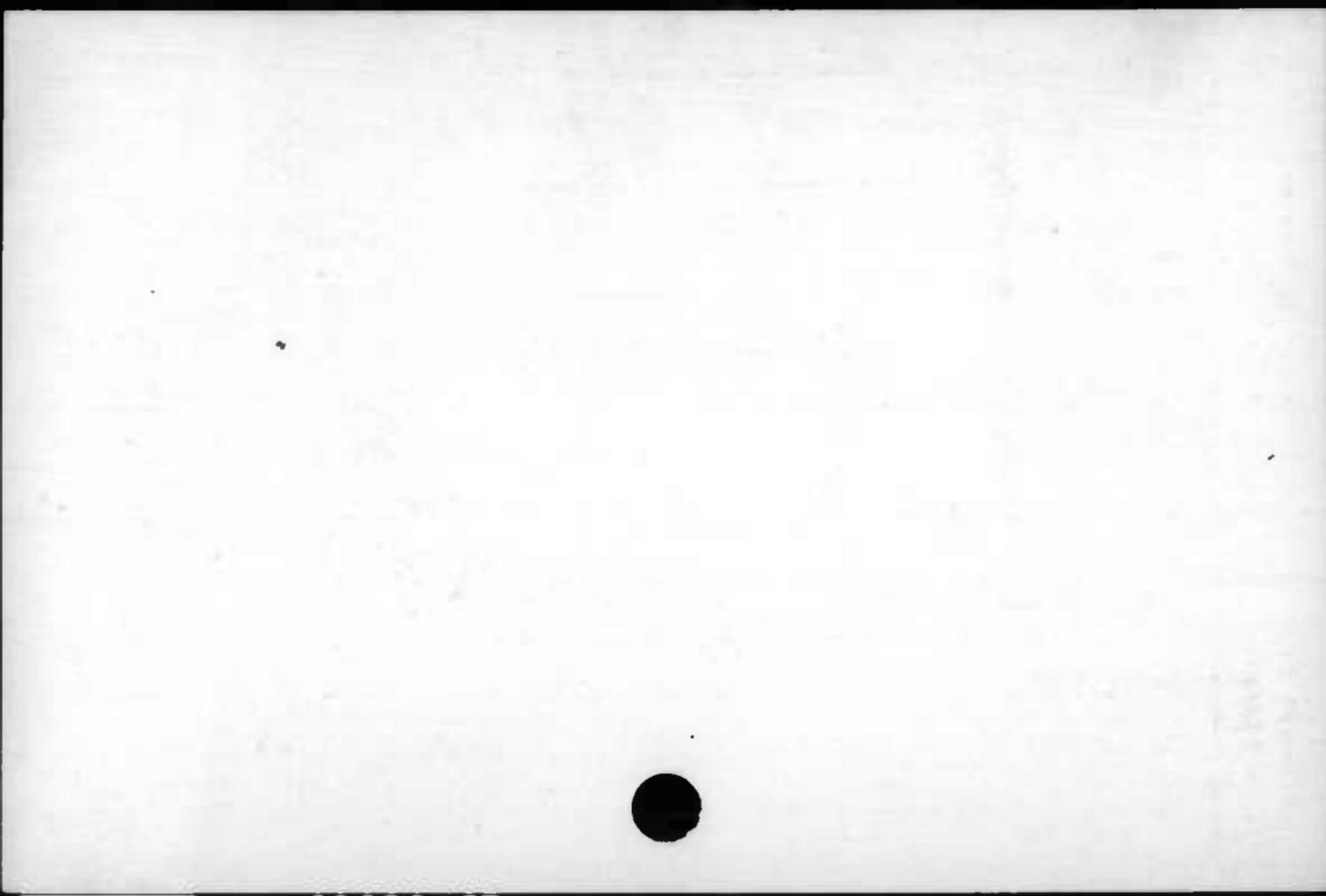
Signature of Physician

Address

J. H. Long.
Walkersville
Md.

1

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH					
MARYLAND					
Died at		Town	County		
I Woodsboro		Bucks			
Date of death	1907	Month	Day	Years	Months Days
Feb. 2				Age 69	4 11
Sex	male	Color or Race	White		Birth-place
Occupation	Farmer		Where Residing if not at place of death		I Woodsboro
Married, Single or Widowed	Catharine E. Full				
Father's Name	Lewis Stull		Father's Birthplace		Ind.
Mother's Maiden Name	Maryannia Ann Barry		Mother's Birthplace		
Name of person giving information	Grace Stull		How related to deceased		Daughter
CAUSES OF DEATH					
Primary	Intestinal Paralysis,		How long		5 days,
Immediate	Auto-Intoxication		How long		5 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	Notable.	
			Address	I Woodsboro, Md.	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Shovton Taylor

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death			—		
Married, Single or Widowed	Name of Wife or Husband	Mary Jane Barries			Va	
Father's Name	John J. Taylor			Mother's Birthplace		
Mother's Maiden Name	Eva Balesley			Md.		
Name of person giving Information	Mary J. Taylor			How related to deceased		
CAUSES OF DEATH						10

Primary

Grip

How long

3 weeks

Immediate

Emotional debility

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. S. Miller

Baltimore

Maryland

Accident or Suicide?

i

Name
in
Full

Lillian Frances Jerry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Brunswick	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles G. Jerry		Father's Birthplace		New York	
Mother's Maiden Name	Frances M. Beavan		Mother's Birthplace		Frederick Co.	
Name of person giving Information	11	11	How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho pneumonia

92

How long

15 hours?

Immediate

Asphyxia

How long

Saw the cliff
only a short time

Are the name, age, sex, color, date and place correctly given above?

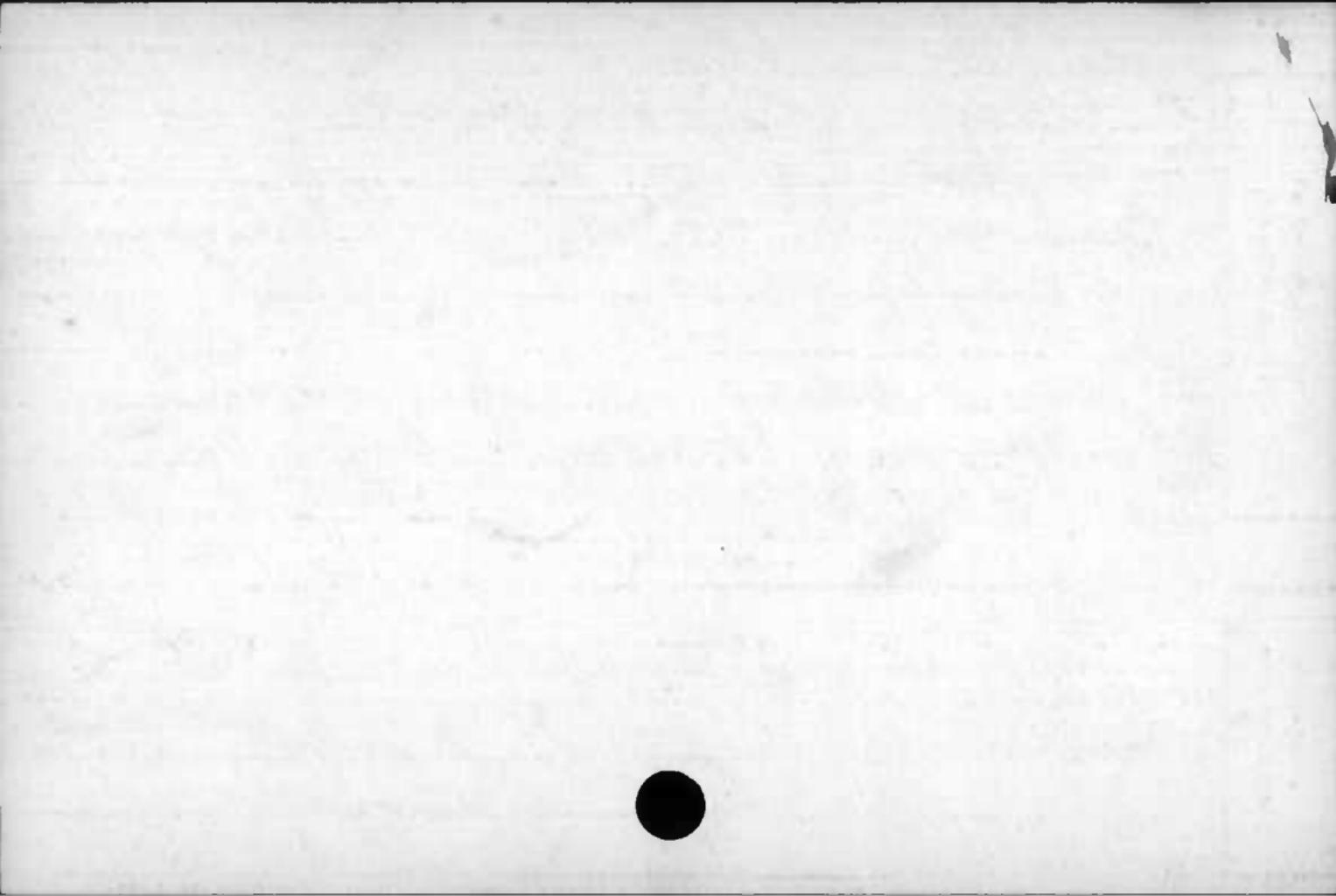
Yes

Signature of Physician

Address

C. W. C.,
Brunswick,
Conn.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Sept	1	17	—	26	
Sex	Female	Color or Race	White	Birth- place	W Virginia	
Occupation	None	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	John D Wiley	Father's Birthplace				
Mother's Maiden Name	Virginia Murray	Mother's Birthplace				
Name of person giving Information	Mrs John D Mills	How related to deceased				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La Griffe

How long

4 days
one day

Immediate

Heart Disease

How long

Are the name, age, sex, color, date
and place correctly given above?

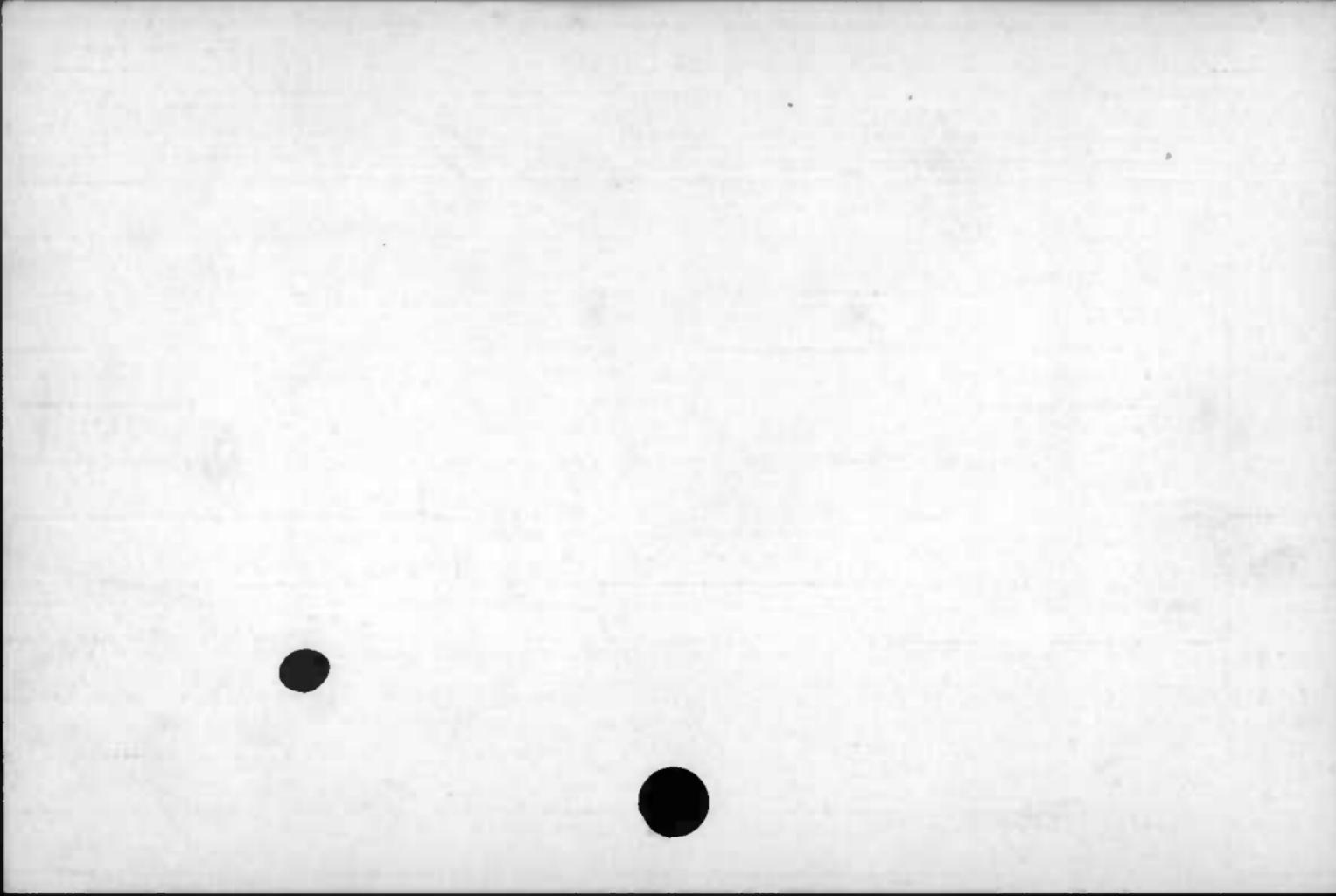
Signature of
Physician

H. J. Hedges

Address

Brownsville
Md

Accident or Suicide?



Name
in
Full

Robert Wilkison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Feb.	Day 19	Years 51	Months 1	Days	
Sex	Male	Color or Race	Black		Birth-place	Fred. Co.	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Lucy Wilkison		Father's Birthplace	Fred. Co.	
Father's Name	Washington Wilkison		Mother's Birthplace			Fred. Co.	
Mother's Maiden Name	Maria Phinix		How related to deceased			Wife	
Name of person giving information	Lucy Wilkison						

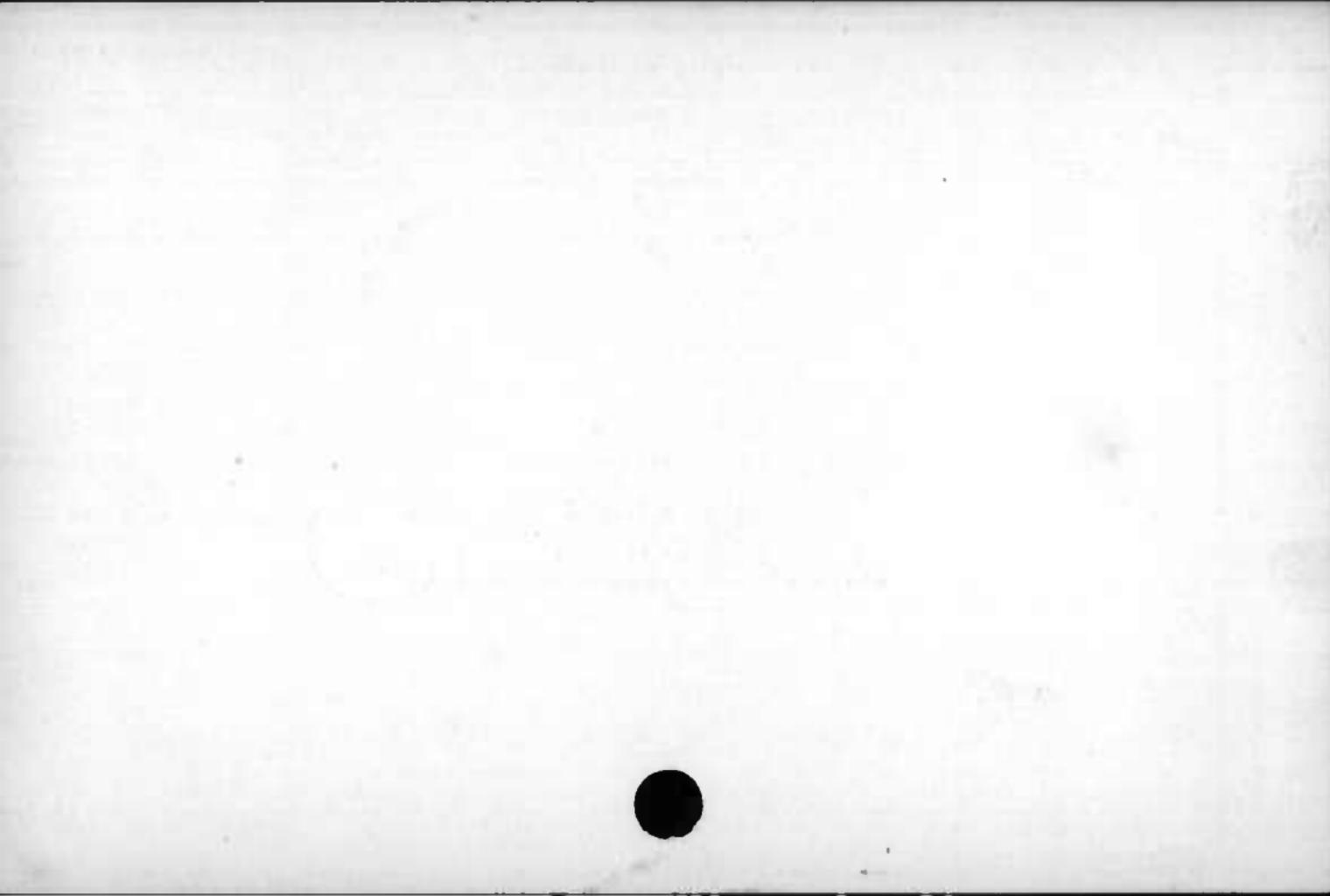
CAUSES OF DEATH

66

PHYSICIAN
CERTIFIED

Primary	Paralysis	
Immediate	Toxemia	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Accident or Suicide?		

12 months or longer
two (2) weeks
F. G. Poole M.D.
Burkittsville
Md.



Name
in
Full

Clarence Melvin Wilders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lafayette	Fred. Co.			
Date of death	Month	Day	Years	Months	Days
1908	Feb.	8	no	no	9
Sex	Male	Color or Race	white	Birth-place	Fred. Co. Md.
Occupation	none	Where Residing if not at place of death	Same place		
Married, Single or Widowed	Name of Wife or Husband	name			
Father's Name	James Henry Wilders	Father's Birthplace	New York		
Mother's Maiden Name	Sarah Elizabeth Fimfract	Mother's Birthplace	Fred. Co. Md.		
Name of person giving information	James Henry Wilders	How related to deceased	Father		

CAUSES OF DEATH

95

How long

4 days

How long

1 day

Primary

Congestion of Lungs

Immediate

Convulsions (Internal)

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. A. Stultz

Address

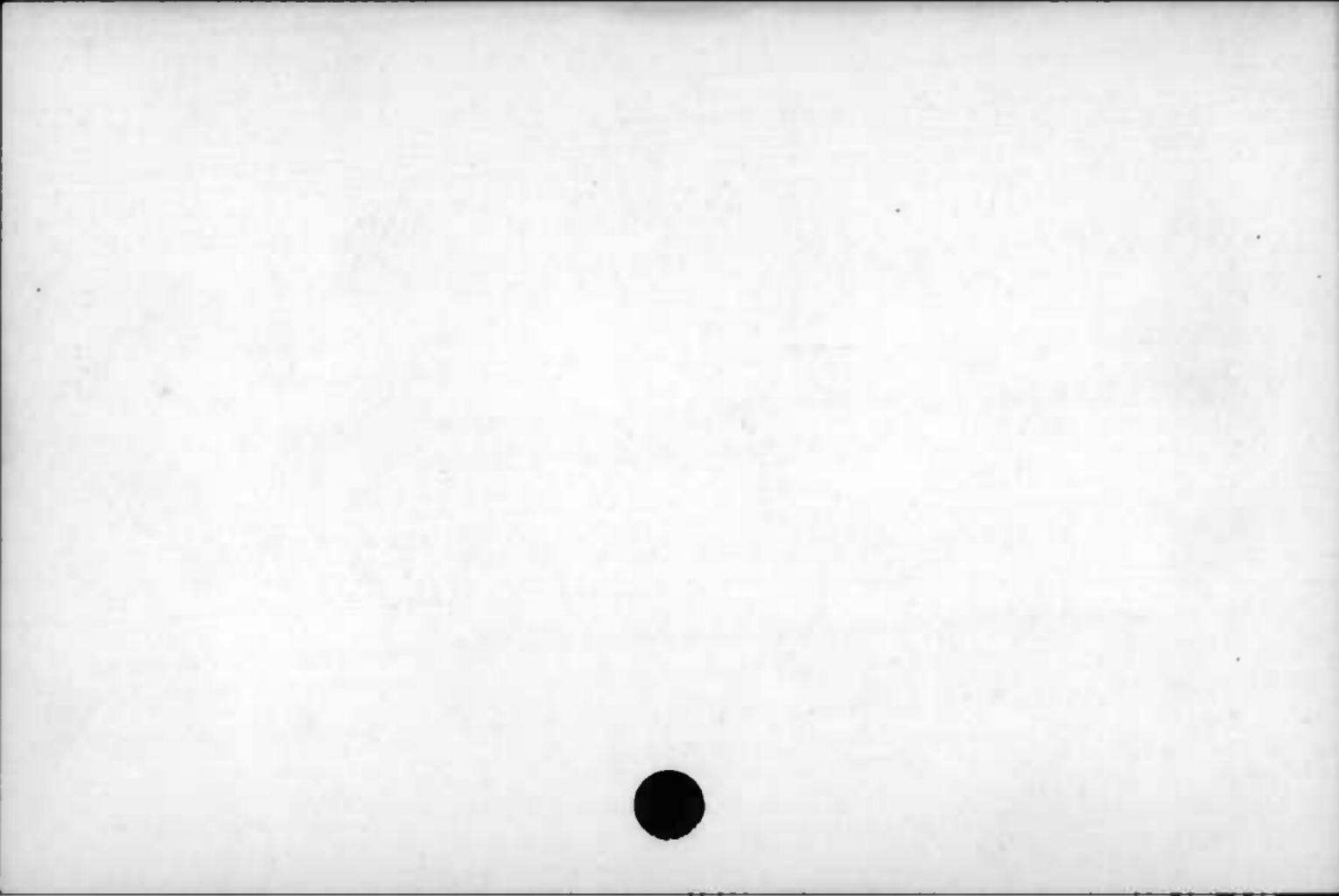
Woodsbush

Md.

PHYSICIAN
OR CORONER

To best of my knowledge
name

Accident or Suicide?



Name
in
Full

Paul Williar

CERTIFICATE OF DEATH

TO BE ANSWERED BY

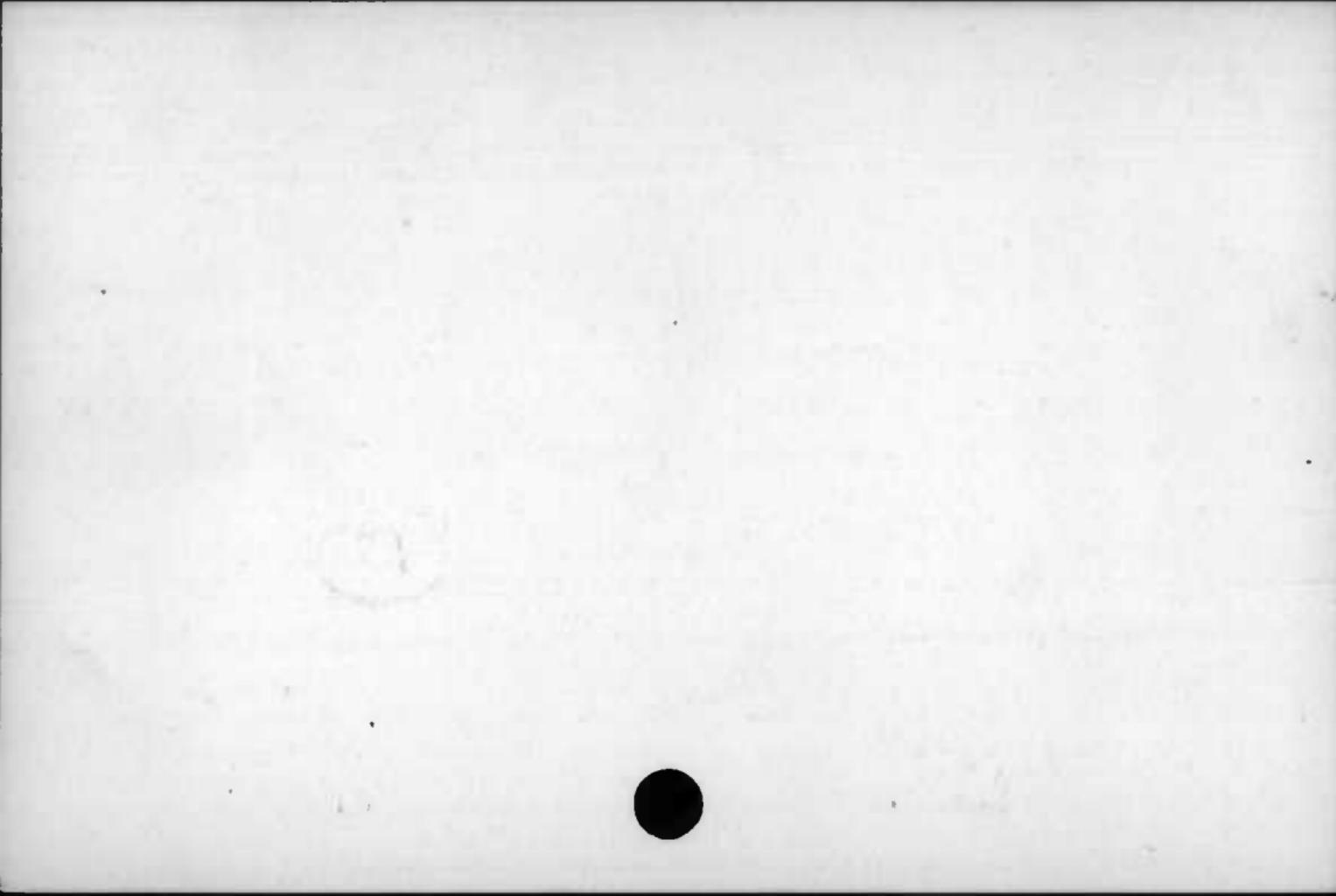
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb	Day 6	Years 5	Months 7	Days 4
Sex	Male	Color or Race	White	Birth-place Md.		
Occupation	None	Where Residing if not at place of death At place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		X		
Father's Name	Jacob Williar			Father's Birthplace Md.		
Mother's Maiden Name	Bertha Ecker			Mother's Birthplace Md.		
Name of person giving information	Was present at death			How related to deceased Niece		
CAUSES OF DEATH						108

PHYSICIAN
OR CORONER

Primary	Obstruction of bowels		How long Ten days
Immediate	Exhaustion		How long 10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. P. Sappington	
		Address	
		Unionville	
		Maryland.	
Accident or Suicide?			

H



Name
in
Full

Sarah Ann Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

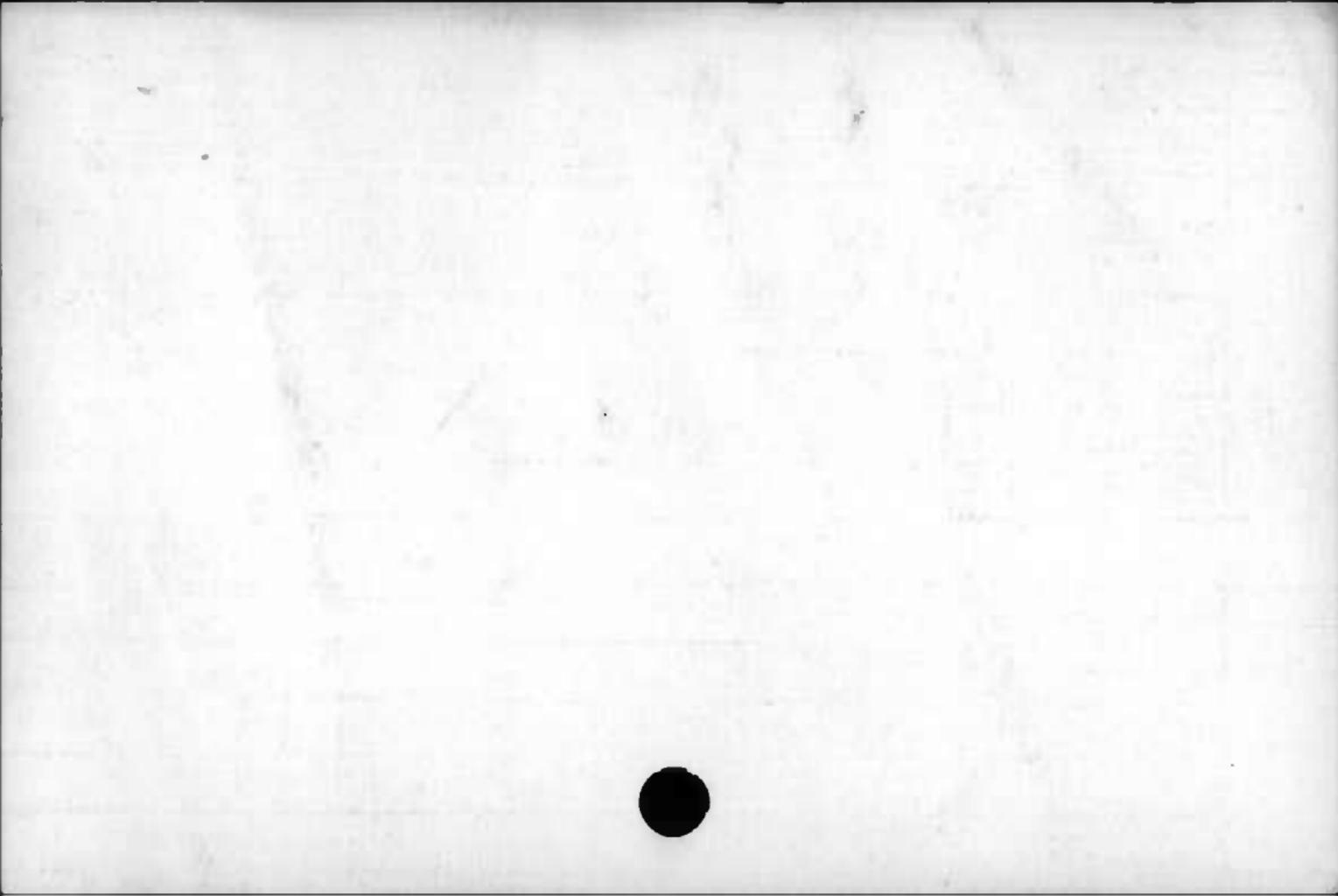
Died at		Town	County	MARYLAND		
Date of death	1908	Month 2	Day 15	Years 81	Months 11	Days 23
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Retired			Where Residing if not at place of death	same	
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Matthew Murry			Father's Birthplace	Md	
Mother's Maiden Name	I don't know			Mother's Birthplace	"	
Name of person giving information	Samuel Yingling			How related to deceased	son	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Senile Debility	Asthma -	How long	2 years
Immediate	Paralysis		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Mooris A. Bixby	
		Address	Thurmont Md.	
Accident or Suicide?	~			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Accident or Suicide?

Hannah F. Young

CERTIFICATE OF DEATH

MARYLAND

Died near Woodsboro		Town		County	
Date of death	1908	Month	2	Day	23
Age	52	Years		Months	11
Days					30
Sex	Female	Color or Race	White	Birth-place	
Occupation	Housework				
Where Residing if not at place of death	at home				
Married, Single or Widowed	Married	Name of Wife or Husband	Sam Young.		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Husband				

CAUSES OF DEATH

112

Hourly

8 weeks.

How long

Primary Hepatitis & Gastritis

Immediate Strangulation

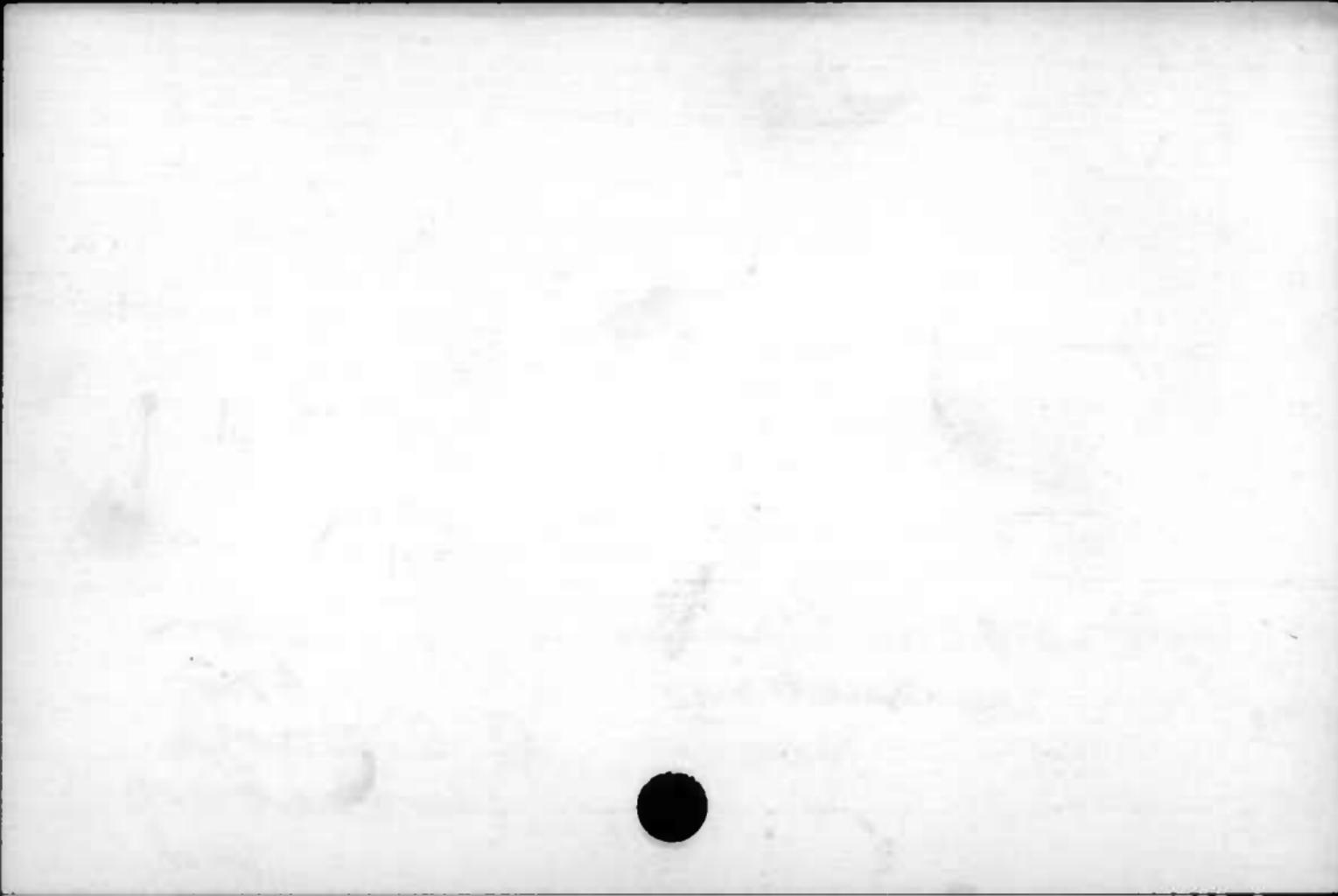
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Add:

M. H. Eggle M.D.
Woodsboro.



Name
in
Full

William Fronz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Myersville</u>		Town	County	<u>MARYLAND</u>		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>23</u>	Years <u>68</u>	Months	Days	
Sex <u>Male</u>	Color or Race	<u>white</u>	Birth- place	<u>Maryland</u>		
Occupation <u>Labour</u>	Where Residing if not at place of death					
<u>Married Single</u> <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband		<u>Carolin Fronz</u>			
Father's Name <u>Joseph Fronz</u>	Mother's Maiden Name <u>Not Known</u>		Father's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Elmer Fronz</u>			Mother's Birthplace <u>—</u>			
Primary <u>Drowned. Cancer</u>	How related to deceased		How long <u>1 yr</u>			
Immediate <u>Exhaustion</u>			How long <u>6 mos</u>			

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

I

Are the name, age, sex, color, date
and place correctly given above?

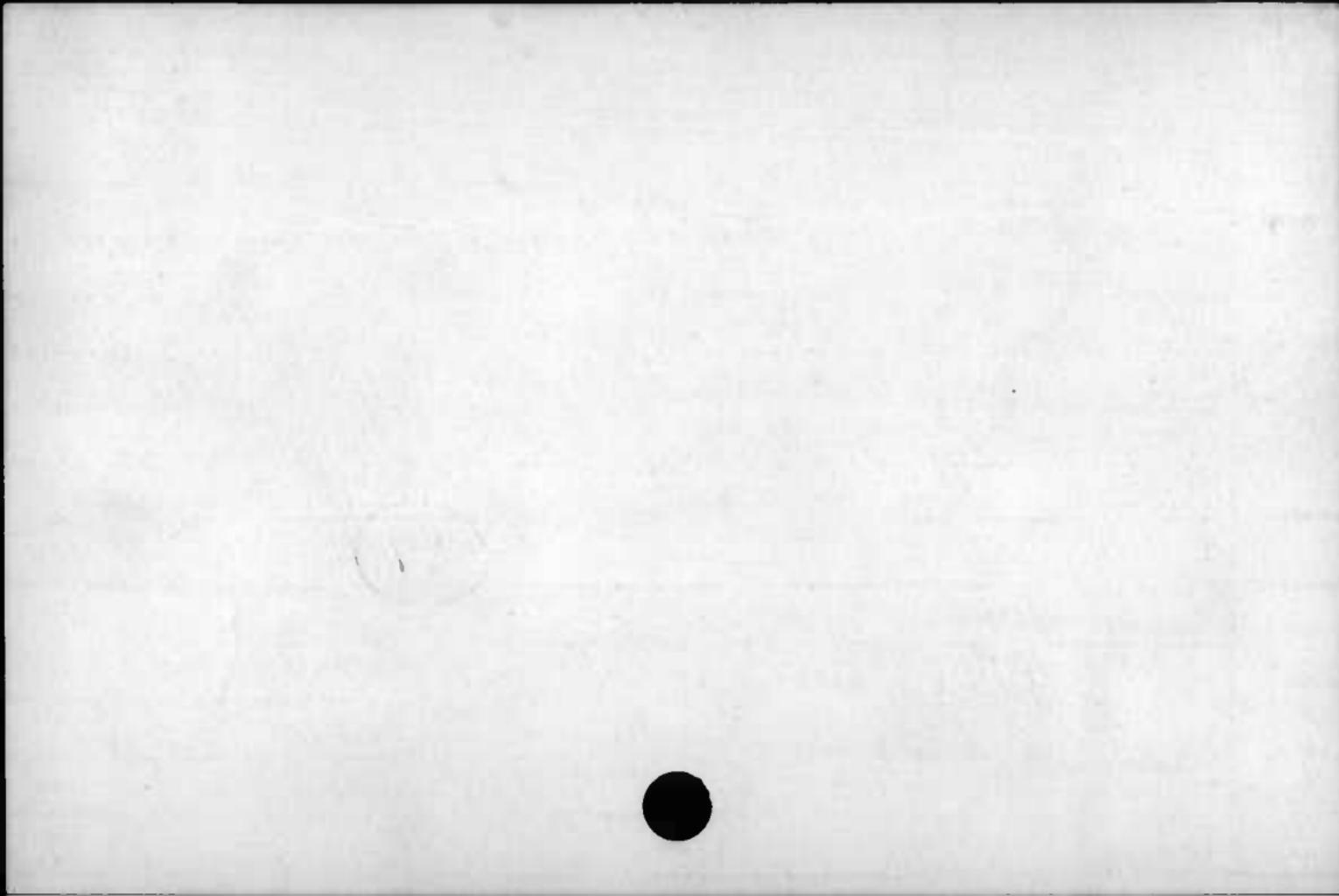
Yes

Signature of
Physician

Address

S. St. David
Boonsboro
Md

Accident or Suicide?



Name
in
Full

Ann Rebecca Zacharias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 2	Day 12	Years 68	Months 5	Days 2
Sex	Female	Color or Race	White	Birth-place	Frederick Md	
Occupation	House Wife			Where Residing if not at place of death	Same	
Married, Single or Widowed	Widow	Name of Husband	John F. Zacharias	Father's Birthplace	Md	
Father's Name	John W. Miller			Mother's Birthplace	Frederick	
Mother's Maiden Name	Anna R. Hobl			How related to deceased	Son.	
Name of person giving information	H. C. Zacharias					

CAUSES OF DEATH

50

Primary

Diabetes

12 years

Immediate

Exhaustion

How long

2 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Salmon

738 Church St.

H

Accident or Suicide?

Interment at Mt Olivet,
" Feb 14 - 1908

Thomas P. Rice F. S.

Dr. Burch.

— —
as McCurdy.

Name
in
Full

Albert Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		Town <u>Frederick</u> County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>23</u>	Age <u>38</u> Years	Months <u>5</u>	Days <u>23</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>near Frederick</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Mary Roberts</u>					
Father's Name <u>John Zimmerman</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Annie Annie Castle</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>John Zimmerman</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

79

How long

Primary Mitral Insufficiency Heart Disease several years

Immediate Pain Congestion lungs How long 3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Crawford Shoop

Address

Frederick, Md

I

Accident or Suicide? neither

Interment Feb 25 - 08
" at Mt Olivet

Thomas F. Rice Esq.

Dr Goodell

Dr McGeary

Name
in
Full

Mrs Elizabeth Jannineau

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb.	Day 15	Years 84	Months	Days
Sex	Female	Color or Race	White	Birth-place	Fred. Co.	
Occupation	H-wife	Where Residing if not at place of death				
Married, Single Widow		Name of Wife or Husband	Edward D. Jannineau		Father's Birthplace	Fred. Co.
Father's Name	Henry Jannineau				Mother's Birthplace	
Mother's Maiden Name	Mrs. Thomas				How related to deceased	Daughter
Name of person giving information	J. F. Thomas					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary

Rheumatic Gout

How long

3 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Franklin Buchanan Smith

Address

Fred. Md.

H

Accident or Suicide?

